

Registration District No. 149

Primary Registration District No. 1A.02

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ON SIDEWALK FRONT OF 1117 WEST 43RD STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 20 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 6028 Rockhill Road
(If rural, give location)

(e) Citizen of foreign country? YES (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CARL AUGUST OLSON

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife MRS. ANNA L. OLSON

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased AUGUST 18 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>11</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace SWEDEN
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business FARMER

12. Name OLOUS OLSON

13. Birthplace UNKNOWN SWEDEN
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Carl E. Olson

(b) Address Wemen Ark.

17. (c) BURIAL (b) Date thereof AUG-10-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLYD

19. (a) 8-10-48 (b) Geraldine Holm
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8th
year 1948 hour 12 minute 20 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) Reputy Coronar

Major findings: Of operations _____

Of autopsy History & Inspection

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)

(a) Signature A. E. Cooper (b) Means of injury _____

23. Signature 2800 Truman (M. C. Registrar's Signature) _____

Date 8/10/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Jess T. News

Licensed Embalmer No. 445-3

P. O. Address. Harmon City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.