

FILED JUN 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16234
2146

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 40 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City					
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1				d. STREET ADDRESS (If rural, give location) 2438 Quincy 3348					
3. NAME OF DECEASED (Type or Print) a. (First) Albert			b. (Middle)		c. (Last) Olson		4. DATE OF DEATH (Month) (Day) (Year) 5 16 51		
5. SEX U MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 868 SEPT-4-1869		9. AGE (In years last birthday) 82	10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours	12. UNDER 1 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-18 YEARS			10b. KIND OF BUSINESS OR INDUSTRY GROCER		11. BIRTHPLACE (State or foreign country) SWEDEN 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME OLE ERICKSON			13b. MOTHER'S MAIDEN NAME CHRISTINA ERICKSON		14. NAME OF HUSBAND OR WIFE OR SON MRS CLARA OLSON				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs. CLARA OLSON				ADDRESS 2438 QUINCY AVE. KANSAS CITY, MO	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive gastro intestinal hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of stomach DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Resolving meningitis				INTERVAL BETWEEN ONSET AND DEATH 151*	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from May 11, 1951, to May 16, 1951, that I last saw the deceased alive on May 16, 1951, and that death occurred at 2:35P m., from the causes and on the date stated above.									
23a. SIGNATURE B.I. Burns (Degree or title)				23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 5-17-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 18 1951	24c. NAME OF CEMETERY OR CREMATORY Mt. MORIAH CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI				
DATE REC'D BY LOCAL REG. 5-18-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE A.H. Newcomer		ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO			

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

B. Honey

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Basil Honey*

Licensed Embalmer No. *4724*

P. O. Address *Irishland, Mo*

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.