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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34160
STATE FILE NUMBER 4638

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL — Length of stay in 1b 2 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE KANSAS b. COUNTY Wyandotte
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes No XX
d. STREET ADDRESS 3625 N. 67TH (If outside, give location) — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First EMANUEL Middle P. Last OLSON

4. DATE OF DEATH Month October Day 23 Year 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH February 10, 1897
9. AGE (In years last birthday) 59 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Clerk
10b. KIND OF BUSINESS OR INDUSTRY Post Office
11. BIRTHPLACE (City and state or country) Lindsburg, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Perry Olson
14. MOTHER'S MAIDEN NAME Johanna Nord

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. None
17. INFORMANT VA Hospital Official Records, K. C. Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Primary Carcinoma of the lung with widespread metatases
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
162-X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES X NO

20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from October 21, 1956, to October 23, 1956, and last saw him
Death occurred at 12:50 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE ROBERT QUALHEIM, M.D. (Degree or title)
22b. ADDRESS VA Hospital, Kansas City, Mo.
22c. DATE SIGNED 10/23/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Oct. 27-1956
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) Kansas City, (State) Kansas

24. FUNERAL DIRECTOR Jos. A. Butler's Sons, ADDRESS Kansas City, Kas.
25. DATE RECD. BY LOCAL REG. 10-26-56
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...Russell W. Dennis

Licensed Embalmer No. 34

P. O. Address K. C. Ks

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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