

1939 OCT 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32622
Do not use this space.

1. PLACE OF DEATH
 (a) County JACKSON Registration District No. 4
 (b) Township RAW Primary Registration District No. 112
 (c) City KANSAS CITY (d) Street No. 1920 - EAST 83 RD STREET TERRACE Registered No. 84
 (e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 52 yrs. mos. ds.
 2. PRINT FULL NAME MRS CLARA ENGBERG
 (a) Residence, No. 1920 - EAST 83 RD STREET TERRACE (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) WIDOWED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF GUSTAVE ENGBERG
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG-29-1862
 7. AGE YEARS 77 MONTHS 0 DAYS 16 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SWEDEN
 FATHER 13. NAME UNKNOWN OLSON
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SWEDEN
 MOTHER 15. MAIDEN NAME UNKNOWN
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SWEDEN
 17. INFORMANT MR LAWRENCE ALFRED ENBERG (ADDRESS) 1920 - EAST 83 RD STREET TERRACE
 18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE Sept 16 1939
 19. FUNERAL DIRECTOR (NAME) D. W. NEWCOMER'S SONS (ADDRESS) 1401 - BRUSH CREEK BLVD.
 20. FILED 9/17/39 19 Magus J Brennan Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPTEMBER 14 1939
 22. I HEREBY CERTIFY, That attended deceased from Aug 8, 1939, to Sept 14, 1939
 I last saw him alive on Sept 5, 1939 Death is said to have occurred on the date stated above, at 11:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Apoplexy Date of onset Aug 8, 1939
77
 Other contributory causes of importance:
Arteriosclerosis
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify (Signed) A C Papar M. D.
 (Address) 404 1/2 W 75th St L C Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address K. C. 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, above space should be left blank.