

Registration District No. 399

Primary Registration District No. 1002

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: 3813 State Line
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ABOUT 30 yrs. (Specify whether years, months or days)
In this community

8. (a) PRINT FULL NAME Gerda Appelquist 142

3. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Olof Appelquist 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased March 1 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>2</u>	<u>2</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business 7

12. Name No record 7

13. Birthplace Sweden 7
(City, town, or county) (State or foreign country)

14. Maiden name Sorra Johansson
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Roland Appelquist

(b) Address 3813 State Line

17. (a) burial (b) Date thereof 5-6-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Doris Funeral Home

(b) Address Kansas City, Kansas

19. (a) May 6, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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. 3813 State Line
(If rural, give location)
(e) If foreign born, how long in U. S. A.? about 30 yrs years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1940 hour _____ minute 8 P. M.

21. I hereby certify that I attended the deceased from 1-2-40
4-3, 1940, to 4-3, 1940
that I last saw her alive on 4-2, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute dilatation of heart Duration 10 min.

Due to chronic myocarditis 2 hrs
hypertension - heart disease

Due to 936

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: none

(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) (e) Means of injury

28. Signature [Signature] (M. D. or other)

Address 1401 Superior Date signed 4-7-40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

19151

C. E. Sanders
1401 S.W. Blvd.

105

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 *D Ross Blanford*
Licensed Embalmer No. 4015
P. O. Address 1815 W 41st

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.