No. 2
11-10-39
6-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUL 15 '40

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20879

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2496

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Raw (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St Joseph Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 da (Specify whether years, months or days)
In this community 37 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo (If outside city or town limits, write "RURAL")
(d) Street No. 104 No-Jackson (If rural, give location)
(e) If foreign born, how long in U. S. A.? 50 years.

3. (a) PRINT FULL NAME Oscar-G-Gronlund
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Alice Gronlund
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased March-25 1871 (Month) (Day) (Year)
8. AGE: Years 69 Months 2 Days 21 If less than one day ✓ hr. ✓ min.
9. Birthplace Sweden (City, town, or county) (State or foreign country)
10. Usual occupation Shoe repairer
11. Industry or business Self
FATHER 12. Name Unknown
FATHER 13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
MOTHER 15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Oscar G. Gronlund
(b) Address 104 No-Jackson
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18 - 40 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cem
18. (a) Signature of funeral director A. P. Doehler
(b) Address 1415 East 15 Kansas City
19. (a) June 18, 1940 (Date received by local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1940 hour 10 minute 15 A. M.
21. I hereby certify that I attended the deceased from April 15, 1940, to June 16, 1940 that I last saw him alive on June 15, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	6 months
Due to Coronary Thrombosis	1 year
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Old Coronary Thrombosis
Degeneration of Myocardium

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. W. Rose (M. D. or other)
Address 103 N. Elmwood Date signed 6-16-40

(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 embalmed by me, or by .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed N P L Doehler

Licensed Embalmer No. 1166

P. O. Address 1415 East 15

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.