

Registration District No. _____

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2825 Troost Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 55 Years
years, months or days

8. (a) PRINT FULL NAME Mrs Julana NYLUND

3. (b) If veteran, name war None 3. (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 Carl A. Nylund 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased November 14th 1885
(Month) (Day) (Year)

8. AGE: Years 55 Months 10 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business Housewife

12. Name F. A. Woodward

13. Birthplace Keene New Hampshire
(City, town, or county) (State or foreign country)

14. Maiden name Martha Clantha Tinges

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

16. (a) Informant Carl Nylund (Son)

(b) Address 3424 Harrison Street

17. (a) Burial (b) Date thereof 10-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Melody-McGilley

(b) Address Kansas City Missouri

19. (a) 10/6/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 2825 Troost Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5th
year 1941 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw her alive on Oct. 5, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary edema
acute left ventricular
Heart failure
Sclerosis of aortic
Valves

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations 920
Of autopsy conform above

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature H. Hankin (M. D. or other) P.M.D.
Address 424 Professional Bldg Date signed 10/6/41

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

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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. 267

working under my personal supervision.

Signed.....

..... Licensed Embalmer No. 2999

..... P. O. Address..... KC

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.