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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 20 1942

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 32655

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3699

**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: 4016 Holly Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---
(Specify whether In this community 66 Years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 4016 Holly Street
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)

If yes, name country Sweden 0

3. (a) PRINT FULL NAME Mrs. Emma C. Carlson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White /

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mr. Andrew Carlson

6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased April (Month) 28 (Day) 1858 (Year)

8. AGE: Years 84 Months 5 Days 8 If less than one day ___ hr. ___ min.

9. Birthplace (City, town, or county) Sweden 4 (State or foreign country)

10. Usual occupation At Home

11. Industry or business ----

FATHER
12. Name Sben Lundquist
13. Birthplace (City, town, or county) Sweden 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Sweden 4 (State or foreign country)

16. (a) Informant Mr. Sig Carlson
(b) Address 4535 Liberty Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 8, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 10-8-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 6th year 1942 hour 4 minute 35 P. M.

21. I hereby certify that I attended the deceased from May 4, 1942, to Oct. 6, 1942 that I last saw her alive on Oct 6, 1942 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Myocardial failure | |
| Chr. myocarditis | |
| Due to: & arteriosclerotic heart disease | |
| Due to: 93D | |
| Other conditions (Include pregnancy within 3 months of death) — | |

Major findings:
Of operations —
Of autopsy —

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 E. C. Carver M.D. (M. D. or other)
Address 242 Plaza Medical Bldg Date signed 10/9/42

(Licensed Embalmer's Statement on Reverse Side)

242 Plaza Medical Bldg.
1:30 - 3:00

**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 Rosenberg

Licensed Embalmer No. 4070

P. O. Address DC Wash.

**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, fact should be so stated above.**