

S. No. 2.
 OM-2-43
 v. 5-17-39,
 1 X35697

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **23821**
 Registrar's No. **3373**

FILED AUG 14 1943 149
 Registration District No. _____

Primary Registration District No. **1002**

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

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:
Menorah Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital **1 Day**
(Specify whether years, months or days)
 In this community **21 Years**

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. **Pickwick Hotel**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **---**

3. (a) PRINT FULL NAME **Miss Francis Amanda Elmquist**
 (b) If veteran, name war **No**
 (c) Social Security No. **487-12-3563**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **August** day **2nd**
 year **1943** hour **10** minute **30 A.** M.

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Single**
 6. (b) Name of husband or wife **---** 6. (c) Age of husband or wife if alive **---** years
 7. Birth date of deceased **June 30 1899**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Aug 1 1943** to **Aug 2 1943**
 that I last saw **her** alive on **Aug 2 1943**
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
44 1 2 hr. min.

Immediate cause of death:
Post-operative shock 1 day
Hysterectomy for uterine
fibroids 7 years
 Due to **fibroids**

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

Other conditions (Include pregnancy within 3 months of death)
56 lb

10. Usual occupation **Laboratory Technician**

11. Industry or business **Dr. Abraham Sophian's Office**

Major findings:
 Of operations **uterine fibroids with adhesions**

12. Name **Frank Elmquist**

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

14. Maiden name **Emma Peterson**

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

Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Mr. Rolland Elmquist**

(b) Address **419 West 46th Street Terrace**

17. (a) Removal (b) Date thereof **Aug. 4, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or preparation **Marquette, Kansas**

18. (a) Signature of funeral director **O. H. Newcomer, Son**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **8-4-43** (b) **P. E. Brown**
(Date received local Registrar) (Registrar's signature)

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 **A. Sophian** (M? D. or other) _____
 Address **1405 Bryant Bldg** Date signed **Aug 3/1943**

(Licensed Embalmer's Statement on Reverse Side)

1406 Bryant Blvd
11-3

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 *K. C. Newcomer*

Licensed Embalmer No. *4043*

P. O. Address *K. C. Newcomer*

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.