

FILED APR 12 1945
Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 37 days
(Specify, whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 839 Olive
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Sweeden

3. (a) PRINT FULL NAME Augusta Edstrom

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 Magnus Edstrom 6. (2) Age of husband or wife if alive --- years

7. Birth date of deceased October 15, 1862
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 0 If less than one day
-- hr. --- min.

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

10. Usual occupation at home

11. Industry or business none

12. Name August Martin

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

14. Maiden name Augusta Martin

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

16. (a) Informant Dr. Eric Edstrom

(b) Address 12th & Walnut, Kansas City, Mo.

17. (a) Burial (b) Date thereof March 17, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Mo.

19. (a) McK. 17 '45 (b) Elizabeth Coplin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1945 hour 10 minute 56 A. M.

21. I hereby certify that I attended the deceased from Dec 1944 to 3-15-1945
that I last saw her alive on 3-15- 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rectum Duration 2 yrs +

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 4/6

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.....

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 work) (c) Means of injury.....

23. Signature Wm. Russell Smith (M. D. or other) MD
Address Carthage, Mo. Date signed 3-16-45

1203

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

45-3-261

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..... *Ernest L. Knapp*

Licensed Embalmer No. *391*

P. O. Address..... *Carthage*

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.