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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 19 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27021

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3366

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: Roanoke Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days (Specify whether years, months or days)
In this community 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 25 West 58th Street 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) J
If yes, name country

3. (a) PRINT FULL NAME: MRS. EMMA C. BORGQUIST

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

6. (b) Name of husband or wife: Carl L. Borgquist

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

7. Birth date of deceased: Oct. 14, 1866 (Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 19 If less than one day hr. min.

9. Birthplace (City, town, or county): Sweden (State or foreign country) 11

10. Usual occupation: At Home 1

11. Industry or business:

MOTHER FATHER
12. Name: Don't Know
13. Birthplace (City, town, or county): Sweden (State or foreign country) 11
14. Maiden name: Don't Know
15. Birthplace (City, town, or county): Sweden (State or foreign country) 4

16. (a) Informant: Oscar L. Borgquist
(b) Address: 25 West 58th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-5-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Moriah Cemetery

18. (a) Signature of funeral director: Freeman Mortuary
(b) Address: Kansas City, Missouri

19. (a) 8-5-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3rd day August year 1946 hour 9 minute 0 A.M.

21. I hereby certify that I attended the deceased from 1933, 19..., to 3 Aug, 1946 that I last saw her alive on July 27, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Failure	Sudden
Due to: Chronic Myocarditis	2-3 yrs
Due to:	
Other conditions: Diabetes Mellitus (Include pregnancy within 3 months of death)	20 yrs

Major findings:
Of operations: 61
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: 0

23. Signature: Carl H. Lundquist (M. D. or other)
Address: 704 P. & L. Bldg. Date signed:

(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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, Mo

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.