

No. 2
-5-43
-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32876

State File No. _____
Registrar's No. 3967

FILED NOV 4 1948

Registration District No. 749 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: ST. JOSEPH'S HOSPITAL D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 WEEKS
In this community 43 YEARS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON ⁴⁸
(c) City or town KANSAS CITY ²
(If outside city or town limits, write "RURAL")
(d) Street No. 4349 WYOMING AVENUE ⁰
(If rural, give location)
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country Sweden

3. (a) PRINT FULL NAME MRS. GERTIE B. ENGBERG
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month SEPTEMBER, day 28TH
year 1948 hour 3 minute 30 P.M.
21. I hereby certify that I attended the deceased from Aug 15
1948 to Sept 28, 1948
that I last saw her survive on Sept 27, 1948
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MR OSCAR ENGBERG
6. (c) Age of husband or wife if alive - years
7. Birth date of deceased: JANUARY 18 1886
(Month) (Day) (Year)

Immediate cause of death Lupus erythematosus 6 wks
Duration _____

8. AGE: Years Months Days If less than one day
62 8 10 hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 13
15

MOTHER FATHER

9. Birthplace SKONE SWEDEN 4
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSEKEEPER
11. Industry or business AT HOME
12. Name BENGT BENGTSSON
13. Birthplace SKONE SWEDEN 1
(City, town, or county) (State or foreign country)
14. Maiden name INGRID JOHANSON
15. Birthplace SKONE SWEDEN 4
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy same as above
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant MR JOHN BENSON
(b) Address 4349 WYOMING
17. (a) BURIAL (b) Date thereof OCTOBER 1 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation FOREST HILL ABBEY
18. (a) Signature of funeral director D.W. Newcomer's Sons
(b) Address 1401 Bush Brook Blvd
19. (a) 9-30-48 (b) Therelene Holme
(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) _____ (Specify type of injury)
23. Signature John D. Kinross (M.D. or other) MD
Address 1401 Bush Brook Bldg Date signed 9/29/48

Embalmer

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 Robert Ray
Licensed Embalmer No. 4182
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.