

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <u>JACKSON</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>70 YEARS</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MADE PARK NURSING HOME</u> <u>401 EAST 36<sup>th</sup> STREET</u>				e. STREET ADDRESS (If rural, give location) <u>3619 WAYNE AVENUE</u> <u>3538</u> <u>53</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>HULDA</u>		b. (Middle) <u>J.</u>		c. (Last) <u>CHELLQUIST</u>	
4. DATE OF DEATH		(Month) <u>JULY</u>		(Day) <u>7</u>		(Year) <u>1954</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> <u>2</u>		8. DATE OF BIRTH <u>AUG. 30, 1866</u>	
9. AGE (In years last birthday) <u>87</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SWEDEN</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GUSTAV MILAM</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA HANSEN</u>		14. NAME OF HUSBAND OR WIFE <u>VICTOR CHELLQUIST</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. J. M. CANTERBURY, 3619 WAYNE, K.C.Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		ANTECEDENT CAUSES				<u>2 days</u>	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Arteriosclerosis</u>				<u>10 yrs</u>	
		DUE TO (c) <u>Senility</u>					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				<u>4500</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>54</u> to <u>July 6</u> , 19 <u>54</u> that I last saw the deceased alive on <u>July 6</u> , 19 <u>54</u> , and that death occurred at <u>2:01 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Carl N. Lindquist</u> (Degree or title) <u>D.</u>				23b. ADDRESS <u>106 W 14th K.C. Mo</u>		23c. DATE SIGNED <u>7-7-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July 9, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. MARIAN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>7-9-54</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. A. Newcomer</u> ADDRESS <u>1321 BROADWAY KANSAS CITY, MISSOURI</u>			

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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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Richard L. Rogers*

Licensed Embalmer No. *4953*

P. O. Address *Kansas*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.