

FILED SEP 19 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER  
31674  
3998

Registration District No. 147 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>WYANDOTT</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>V.A. Hospital</b>		Length of stay in lb <b>11 days</b>	d. STREET ADDRESS (If outside, give location) <b>4416 Adams</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>LOLOF J.</b> Middle <b>ASPLUND</b> Last			4. DATE OF DEATH Month <b>8th</b> Day <b>24th</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>4-18-76</b>		9. AGE (In years last birthday) <b>81 yrs</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Woodworking</b>	11. BIRTHPLACE (City and state or country) <b>Grandsboro, Sweden</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>Jahomas Asplund</b>		13b. MOTHER'S MAIDEN NAME <b>Christina Norvall</b>		14. NAME OF HUSBAND OR WIFE <b>Nellie Asplund</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give year or dates of service) <b>Yes SAW</b>		16. SOCIAL SECURITY NO. <b>512-01-8435A</b>	17. INFORMANT Address <b>V.A. Hospital Records, K.C., Mo</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia, aspiration</b>					INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Thrombosis, right middle cerebral artery</b>			<b>11 days</b>
		DUE TO (c) <b>Cerebral atherosclerosis</b>			<b>20 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>August 13, 1957 to August 24, 1957</b> Death occurred at <b>2:20a m on the date stated above; and to the best of my knowledge, from the causes stated.</b>					
22a. SIGNATURE (Degree or title) <b>G. A. Youmans MD</b>		22b. ADDRESS <b>MD V.A. Hospital, K.C., Mo.</b>		22c. DATE SIGNED <b>8-24-57</b>	
23a. BURIAL, CREMATION, (REMOVAL) (Specify)		23b. DATE <b>AUG-27-1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEMETERY</b>	
				23d. LOCATION (City, town, or county) (State) <b>FT. LEAVENWORTH KANSAS</b>	
24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS, ADDRESS 1351 PRAIRIE CREEK KANSAS CITY, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>8-29-57</b>		26. REGISTRAR'S SIGNATURE <b>Yvonne Marshall</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
R. A. Youmans

All diseases in Part I must be causally related.

(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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Chester K Brown

Licensed Embalmer No. 4931  
P. O. Address FE 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.