

Registration District No. 318 Primary Registration District No. 2001

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

1. PLACE OF DEATH
(a) County Linn
(b) City or town Springfield
(c) Name of hospital or institution: 616 W. Poplar
(d) Length of stay: In hospital or institution 2
In this community 1 1 1 2

3. (a) PRINT FULL NAME INGRID-CHRISTINE-CARLSON

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Widow 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased April 29 1853

8. AGE: ✓ Years 86 Months 10 Days 25 If less than one day hr. ✓ min.

9. Birthplace Sweden (State or foreign country) 7

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Jonas Wikberg 7

13. Birthplace Sweden (State or foreign country) 7

14. Maiden name Maria Abrahamson

15. Birthplace Sweden (State or foreign country) 11

16. (a) Informant Miss Amanda Carlson

(b) Address 616 West Poplar

17. (a) Burial (b) Date thereof 3-27-1940

(c) Place: burial or cremation Crematorium

18. (a) Signature of funeral director W. B. Kemmon

(b) Address Springfield, Mo 2011

19. (a) 3/25/40 (b) Chas. A. George (Registrar's signature) Ma. 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn
(c) City or town Springfield
(d) Street No. 616 W. Poplar
(e) If foreign born, how long in U. S. A. 24 years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 24
year 1940 hour 10:30 minute A.

21. I hereby certify that I attended the deceased from 3/21, 1940, to 3/24, 1940, that I last saw her alive on 3/24, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cholecystitis, chronic Duration 15 yrs.

Due to 171

Other conditions Senility (Include pregnancy within 3 months of death)

Major findings: Of operations ✓ Of autopsy None

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? ✓
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

23. Signature W. B. Kemmon (M. D. or other) M.D.
Address Springfield, Mo Date signed 3/25/40

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.

X