

FILED MAY 15 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

13785

Do not use this space.

1497

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Kaw Primary Registration District No. 1002  
(c) City Kansas City (d) Street No. St. Joseph's Hospital Registered No. 1497  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. 3 mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

(a) Residence, No. 453 Mrs. Frances D. Hylander St.  Chicago, Illinois  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF Mr. Charles Hylander  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
56 0 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Chicago  
(STATE OR COUNTRY) Illinois13. NAME Louis Dietz14. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)15. MAIDEN NAME Elizabeth Buck16. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)17. INFORMANT Mrs. H. K. Jackson  
(ADDRESS) 7408 Lydia18. BURIAL, CREMATION, OR REMOVAL PLACE Chicago, Illinois April 6, 194019. FUNERAL DIRECTOR (NAME) D. W. Newcomer's Sons  
(ADDRESS) 1401 Brush Creek Blvd.20. FILED April 6, 1940 M. M. Browne  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5th 194022. I HEREBY CERTIFY, That I attended deceased from P.O.B 23 1940 to APR 5 1940

I last saw h. OR alive on APR 5, 1940 Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

RUPTURED AORTA

Date of onset

4-4-40

Other contributory causes of importance:

FRACTURE L. HUMERUS on P.O.B 23 '40  
HYPERTENSION YRS.Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? YES23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide Acc Date of injury 4/25/40Where did injury occur? K. C. Mo.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Acc fall at home

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.  
If so, specify.....(Signed) O. C. Lundgaard, M. D.(Address) 6244 Piquette  
K.C.

---

---

**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 C Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address. K. C. M.

**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.**