

MAY 15 1940
Registration District No. 29

Primary Registration District No. 1002

Registrar's No.

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. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Mar. 13, 1940
(Specify whether years, months or days) 56 years

3. (a) PRINT FULL NAME OLOF O. PALMQUIST
3. (b) If veteran, name war No.
3. (c) Social Security No. none

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased May 1, 1865
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 16
If less than one day hr. min.

9. Birthplace Sweden
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Car Foreman

11. Industry or business G. R. (Mo. Pac.)

12. Name Unknown

13. Birthplace Sweden
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Sweden
(City, town, or county) (State or foreign country)

16. (a) Informant Robert W. Palmquist

(b) Address 36 So. 17 St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 20, 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park, K.C.

18. (a) Signature of funeral director Geo. D. King

(b) Address 107 Barnhart, N. C. R.

19. (a) 4-21-40 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 36 So. 17 St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 56 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1940 hour 5:45 minute P M.

21. I hereby certify that I attended the deceased from Mar 13, 1940, to April 17, 1940
that I last saw him alive on April 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial Degeneration
sinus bradycardia
atrioventricular block
Due to Staphylococcus Septicemia
Prostatic Hypertrophy
C obstruction
Other conditions Auricular Fibrillation
(Include pregnancy within 3 months of death)

Duration

2 yr

5 days

2 1/2

3-12-40

2 yr

PHYSICIAN

Major findings: Prostatic Hypertrophy
Of operations
Of autopsy Refused

Underline the cause to which death should be charged statistically.

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) Means of injury
23. Signature J. E. Cessler (M. D. examiner)
Address 1002 Poyyee Bldg Date signed 4-19-40

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

MOTHER FATHER

Palmquist

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.....

Chas. H. Rider....., Registered Apprentice No.....
working under my personal supervision.

Signed

Chas. H. Rider

Licensed Embalmer No. 3404

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, above space should be left blank.