

Registration District No. **399**  
**Filed Jul 15 1940**

Primary Registration District No. **1002**

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

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:  
Research Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 2 years (Specify whether  
years, months or days)

8. (a) PRINT FULL NAME Osborne V. Holmquist 452

8. (b) If veteran, name war none 8. (c) Social Security No. 335-09-6810

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

6. (b) Name of husband or wife Mrs. Lorena Holmquist 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased June 13, 1912  
(Month) (Day) (Year)

8. AGE: Years 27 Months 11 Days 19 If less than one day  
hr. min.

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

10. Usual occupation Steel construction

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Karl V. Holmquist

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

14. Maiden name Matilda Fallquist

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

16. (a) Informant Mrs. Lorena Holmquist

(b) Address 2928 Harrison

17. (a) Burial (b) Date thereof June 4, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 W. 42nd St., K.C., Mo.

19. (a) June 3, 1940 (b) M. M. Brome  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2928 Harrison  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 2  
year 40 hour 4 minute 30 P. M.

21. I hereby certify that attended the deceased from \_\_\_\_\_, 19\_\_\_\_  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of the Cervical Vertebrae  
Decompression of spinal cord  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to Drown into shallow water

Other conditions 186a  
(Include pregnancy within 5 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy See form

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 5/30/40

(c) Where did injury occur? Underneath Lake Jackson B. Mo.  
(City or town) (County) (State)

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

While at work? Yes (Specify type of place) During  
(e) Means of injury 6A

23. Signature [Signature] (M. D. or other)

Address [Signature] Date signed 6/1/40

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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.....  
....., 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.**