

No. 2
-11-10-39
5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24063**
Registrar's No. **2673**

Registration District No. **399** 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:
6112 South Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 66 Years
In this community 66 Years
years, months or days

3. (a) PRINT FULL NAME Mr. John Adolph Larson

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

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

6. (b) Name of husband or wife Mrs. Josephine Larson 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased February 19 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 4 13 hr. min.

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

10. Usual occupation Cabinet Maker Retired

11. Industry or business Retired

12. Name P. M. Larson 18. Birthplace Sweden
(City, town, or county) (State or foreign country)

14. Maiden name Johanna Olsen 15. Birthplace Sweden
(City, town, or county) (State or foreign country)

16. (a) Informant M. Larson (b) Address 6112 South Benton

17. (a) Burial (b) Date thereof July 5, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director E. H. Newcomer, Sons
(b) Address 1401 Brush Creek Blvd.
July 3, 1940

19. (a) July 3, 1940 (b) M. M. Browne
(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. 6112 South Benton
(If rural, give location)
(e) If foreign born, how long in U. S. A. --- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd
year 1940 hour 3 minute 40 P. M.

21. I hereby certify that I attended the deceased from Feb 20
off and on 1938, to July 2, 1940
that I last saw him alive on July 2, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio sclerosis causing cerebral hemorrhage of 6 months eye
Due to fall from ladder by postural paralysis of femur
Due to Arterio sclerosis

Other conditions fractured Prostate
(Include pregnancy within 3 months of death)

Major findings: Of operations §20
Of autopsy

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? _____

(Specify type of place) While at work? _____ (e) Means of injury 1

23. Signature E. H. Berlingham (M. D. or other)
Address 715-19 Argyle Blvd. Date signed 7/3

Duration 1 1/2 y
PHYSICIAN
Underline the cause to which death should be charged statistically.

113
10,300-
[Handwritten signature]

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. 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.