

Registration District No. 498 Primary Registration District No. 4301 Registrar's No. 8

1. PLACE OF DEATH:

(a) County LINN
(b) City or town Bucklin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: North East Bucklin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
(Specify whether years, months or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Linn
(c) City or town Bucklin
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 70 years.

8. (a) PRINT FULL NAME MARIE POLSON

3. (b) If veteran, name war. no 8. (c) Social Security No. no

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

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Jan 27 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 3 15 hr. min.

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

10. Usual occupation Housewife

11. Industry or business same

12. Name Sven Nilson

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

14. Maiden name Anna Engberg

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

16. (a) Informant M. Polson

(b) Address 8th - Mo

17. (a) Burial (Burial, cremation, or removal) Burial (b) Date thereof May 14, 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cemetery

18. (a) Signature of funeral director Baron Funeral Service
(b) Address Bucklin, Mo.

19. (a) 5-14-1940 (b) J. L. Cantwell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12, year 1940 hour 4 minute 55 PM

21. I hereby certify that I attended the deceased from 10/6, 1936, to 5/12, 1940.
that I last saw her alive on 5/12, 1940.
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Rheumatic Heart Disease
Due to Chronic Slow Nephritis
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 171
Of operations _____
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? 447
While at work? _____ (Specify type of place) (e) Means of injury 3
23. Signature W. H. Spear or other NO
Address Bucklin, Mo. Date signed 5/14/40

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

RECEIVED

District Health Officer No. 11,

District File Number 940-1323

Date Filed AUG 27 1940

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. 4037

P. O. Address Peekin, 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.