

Registration District No. 306

Primary Registration District No. 0671

Registrar's No. _____

58
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County LINN
(b) City or town Bucklin (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bucklin Hos
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 20 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Linn
(c) City or town Bucklin (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. P.R. #1 north
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME ALVIN A. LINDBERG

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

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

6. (b) Name of husband or wife Charlotte D. 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Oct. 17, 1881
(Month) (Day) (Year)

8. AGE: Years 59 Months 2 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business Farming

12. Name August Lindberg
13. Birthplace Bucklin
(City, town, or county) (State or foreign country)

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

16. (a) Informant Charlotte Lindberg

(b) Address Bucklin, Mo.
17. (a) Burial (b) Date thereof Jan. 8, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mission Cem. Bucklin, Mo.

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

19. (a) Jan. 7, 1941 (b) Gertie de Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6
year 1941 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from was called
after death after _____, 1940;
that I last saw him alive on June, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage Duration 11/6/40

Due to Ruptured ligaments of L5 11/6/40

Due to Fall 11/6/40

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration

11/6/40

11/6/40

11/6/40

PHYSICIAN

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) Accident 58

(b) Date of occurrence 11/6/40

(c) Where did injury occur? Country home, Linn Co., Mo.
(City or town) (County) (State)

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

89 Corner of home
While at work? Yes (Specify type of place) (e) Means of injury Fall 2

23. Signature W. C. Stroger (M.D. or other) MD
Address Bucklin, Mo. Date signed 11/6/40

NOV 16 1949

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.....

E. A. Larson

Licensed Embalmer No.....

4037

P. O. Address.....

Bucklin, 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.