

S. No. 2  
-4-13-40  
7. 5-17-39  
P-I X23189

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 15 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11004

State File No. \_\_\_\_\_

Registration District No. 471

Primary Registration District No. 2002

Registrar's No. \_\_\_\_\_

49  
2  
5  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Joplin  
(c) Name of hospital or institution: 2216 Maiden Lane  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
In this community 43 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(d) Street No. 2216 Maiden Lane  
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Oscar Carl Karlstrom  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Mar. day 3rd  
year 1941 hour 5:15 minute AM M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Nellie G. 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased May 27, 1881

21. I hereby certify that I attended the deceased from 3-2, 1941, to 3-3, 1941, that I last saw him alive on 3-3, 1941, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
59 9 4 hr. min.

Immediate cause of death  
Pneumonia  
1 Cor pulmonale - etc  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Windom, Kansas  
10. Usual occupation Operated Ice & Fuel Bus.  
11. Industry or business \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)  
452

MOTHER FATHER  
12. Name John Aaron Karlstrom  
13. Birthplace Sweden  
14. Maiden name Christine Darlstrom  
15. Birthplace Sweden

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

16. (a) Informant Mrs. O. C. Karlstrom  
(b) Address Joplin, Missouri  
17. (a) Burial (b) Date thereof 3-7-41  
(c) Place: burial or cremation Osborne Maus.

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 372

18. (a) Signature of funeral director Thornhill-Dillon  
(b) Address Joplin, Missouri  
19. (a) 3-4-41 (b) [Signature]

(Specify type of place)  
While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) [Signature]  
Address Joplin, Mo. Date signed 3-4-41

414-339

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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..... *David Hillon*.....

Licensed Embalmer No. *3898*.....

P. O. Address *Joplin, 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, fact should be so stated above.**