

FILED OCT 13 1941

Registration District No.

Primary Registration District No. 1002

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:
4332 Terrace /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community 29 yrs
 years, months or days)

8. (a) PRINT FULL NAME Mrs. Elnora A. Magnuson

8. (b) If veteran,

name war

8. (c) Social Security

No. ----

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Adolph R. Magnuson 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased January 5 1883
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>8</u>	<u>0</u>	hr. _____ min.

9. Birthplace Lindsburg / Kansas
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 { 12. Name John S. Liljestrand
 13. Birthplace Sweden
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Anna Stone
 15. Birthplace Sweden
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Adolph R. Magnuson(b) Address 4332 Terrace, K.C. Mo.

17. (a) Burial (b) Date thereof 9/8/41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park (MO.)

18. (a) Signature of funeral director Pat's Funeral Home(b) Address Kansas City, Kansas

19. (a) 9/8/41 (b) M. M. Crowe
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 3
 (If outside city or town limits, write "RURAL") 8
 (d) Street No. 4332 Terrace
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? ----- 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 5
 year 1941 hour 6 minute P M.

21. I hereby certify that I attended the deceased from
Aug - 22, 1941, to Sept 5, 1941
 that I last saw her alive on Sept 5, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma, lung

Duration

6 moDue to Secondary to carcinoma
right Mammary glandDue to 10

Other conditions Chronic nephrosis 2 mos
 (Includes pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations 50

Of autopsy _____

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

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?

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

23. Signature Allen L. Hearst (M. D. or other) M.D.
 Address 400 Prof. Bldg Date signed 9-6-41

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

James S. Huckshorn

Licensed Embalmer No. 4092

P. O. Address Wasson City, Kansas

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.