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X26390

FILED OCT 13 1941
Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson City**
(b) City or town **Jackson City**
(c) Name of hospital or institution: **Rake Lake Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **Non-Resident**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Wyandott**
(c) City or town **Jackson City**
(If outside city or town limits, state "RURAL")
(d) Street No. **1108 N 19th**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Jennie M. Dalgren

3. (b) If veteran, name war _____

3. (c) Social Security No. **no**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

(b) Name of husband or wife **J. G. Dalgren**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **12-17-1863**
(Month) (Day) (Year)

8. AGE: Years **77** Months **8** Days **23** If less than one day hr. _____ min. _____

9. Birthplace **Sweden**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **G. W. Isachsen**

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

14. Maiden name **Marta Johanson**

15. Birthplace **Sweden**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Carl Pearson**

(b) Address **1936 Terryson, N. P. Kansas**

17. (a) **burial** (b) Date thereof **9-13-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Park**

18. (a) Signature of funeral director **H. S. Peterson**

(b) Address **1201 N. P. Kansas**

19. (a) **9/10/41** (b) **M. M. Crow**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **10**
year **41** hour **6** minute **20** A.M.

21. I hereby certify that I attended the deceased from **Sept. 5** 19**41** to **Sept 10** 19**41**
that I last saw her alive on **Sept 9** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Degeneration**

Due to **hypostatic pneumonia**

Due to **Chronic Gall-bladder**

Other conditions **HTA**
(Include pregnancy within 3 months of death)

Major findings: Of operations **Chronic Gall-bladder**

Of autopsy **1278**

Duration

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) _____

(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 _____

23. Signature **H. S. Peterson** (M.D. or other) **290**

Address **507 Bryant Bldg, N. P. Kansas** Date signed **9-10-41**

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

MOTHER FATHER

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.

Signature

George W. Malley

Licensed Embalmer No. *2798*

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