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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30857

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3615

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:
3813 East 62nd Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -------- (Specify whether
In this community 23 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3 8
(If outside city or town limits, write "RURAL")

(d) Street No. 3813 East 62nd Street 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes name country -------

3. (a) PRINT FULL NAME Mrs. Synnove Fedje Heglund

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. S. Heglund

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

7. Birth date of deceased June (Month) 9 (Day) 1856 (Year)

8. AGE:

Years	Months	Days	If less than one day
85	3	17	hr. min.

9. Birthplace Goodhue (City, town, or county) Minnesota / (State or foreign country)

10. Usual occupation At Home

11. Industry or business -------

FATHER
12. Name Andrew Fedje
13. Birthplace Unknown (City, town, or county) Norway 4 (State or foreign country)

MOTHER
14. Maiden name Unnie Ethun
15. Birthplace Unknown (City, town, or county) Norway 4 (State or foreign country)

16. (a) Informant Miss Selma Heglund
(b) Address 3813 East 62nd St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 29, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 9/29/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26th
year 1941 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1922, 19 to Sept 26, 1941;
that I last saw her alive on Sept 26 bedside, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	years
Due to Arterial hypertension	15 yrs
Due to age + arteriosclerosis and known original hypertension dates	
Other conditions from bad teeth (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93 R
Of autopsy 93 R

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

23. Signature Herbert Tuthill (M. D. or other) O
Address 1211 Rialto Bldg Date signed Sept 27 41

(Licensed Embalmer's Statement on Reverse Side)

2:30-5

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 George M. Collier

Licensed Embalmer No. 3829

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.