S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1314

Registrar's No. 395

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: Viaduct at 22nd & Oak Streets 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 8 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Minnesota (b) County 199

(c) City or town Minneapolis (If outside city or town limits, write "RURAL") 2

(d) Street No. Ferndale Hotel (If rural, give location) 0

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

If yes, name country D

3. (a) PRINT FULL NAME LUDWIG LARSON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Feb. (Month) 9 (Day) 1884 (Year)

8. AGE: Years 57 | Months 11 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace North Dakota (City, town, or county) 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business .....

FATHER
12. Name Ole Larson
13. Birthplace Norway (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Kirston Ingebretson
15. Birthplace Norway (City, town, or county) 4 (State or foreign country)

16. (a) Informant Ingvald Larson
(b) Address Lisbon, North Dakota

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 29 (Day) 42 (Year)

(c) Place: burial or cremation Mapel Hill

18. (a) Signature of funeral director Weilert Funeral Home
(b) Address 2332 Monitor Place; K.C. Mo.

19. (a) 1/28/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ..... day 1-24-42
year ..... hour ..... minute 7 37 A M.

21. I hereby certify that I attended the deceased from ..... 19 ..... ; that I last saw him alive on ..... 19 ..... ; and that death occurred on the date and hour stated above.

Immediate cause of death Crushing Injury of Head & Chest

Due to .....

Due to Fall from Viaduct

Other conditions (Include pregnancy within 3 months of death) 1860

Major findings:
Of operations .....
Of autopsy .....

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) Accident
(b) Date of occurrence 1-24-42 1 23
(c) Where did injury occur? KC (City or town) Jackson (County) Mo (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 Russell W. Kerr (M. D. or other) .....
Address K Conn Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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 Blaine E. Weilert

Licensed Embalmer No. 4075

P. O. Address 2332 Winter Pla

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.