

Registration District No. 379

Primary Registration District No. 1002

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

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:  
4805 Mercier,  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X  
(Specify whether  
In this community 25 years,  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson,

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

(d) Street No. 4805 Mercier,  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mrs. Margaret H. Wallenstrom,

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14th,  
year 1942 hour 6:45 minute P. M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife J. H. Wallenstrom,

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

7. Birth date of deceased January 14 1884  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5/10, 1941, to 7/10, 1941,  
that I last saw her alive on 7/10, 1941,  
and that death occurred on the date and hour stated above.

8. AGE: Years 58 Months 0 Days 0  
If less than one day  
hr. \_\_\_\_\_ min.

Immediate cause of death Cardiac failure

Due to Coronary Occlusion

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

10. Usual occupation at home,

11. Industry or business X

12. Name George Casemore,

13. Birthplace England, 4  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Campbell,

15. Birthplace Canada, 2  
(City, town, or county) (State or foreign country)

16. (a) Informant J. C. Wallenstrom,

(b) Address 4805 Mercier, Kansas City, Mo.

17. (a) Burial, (b) Date thereof 1-12-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gilliam Plaza, K. C., Mo.

19. (a) 1-12-42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations etc.

Of autopsy g/a

Duration 7 yrs

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) (e) Means of injury \_\_\_\_\_

While at work? \_\_\_\_\_

23. Signature C. C. Wilson (M. D. \_\_\_\_\_)  
Address Plaza Public Health Date signed 1/10/42

Dr. Cliff Wilson, Plaza Bldg.

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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.....

Licensed Embalmer No. 1415

P. O. Address F. S. M. S.

**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.