

7. S. No. 2  
M-9-4-41  
Rev. 5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

9951

FILED APR 25 1942

State File No. ....

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1340

48  
3  
8

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: 4326 Wyoming  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community 22 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

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

(d) Street No. 4326 Wyoming  
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME FLORENCE MARIE WESTERDAHL

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife James A. Westerdahl

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased January 17 1893  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

49 2 16 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Self

MOTHER FATHER

12. Name P. G. Pearson

13. Birthplace No Record Sweden  
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record Sweden  
(City, town, or county) (State or foreign country)

16. (a) Informant James A. Westerdahl

(b) Address 4326 Wyoming, K.C. MO.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Apr. 6 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Lester Funeral Home

(b) Address 1901 Olathe Blvd. K.C. Kansas

19. (a) 4-5-42 (Date received local registrar)

(b) M. H. Crown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3 year 1942 hour minute .M.

21. I hereby certify that I attended the deceased from March 16, 1942 to April 3, 1942

that I last saw her alive on April 13, 1942

and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis

Due to coronary occlusion

Due to 94a

Other conditions Cost pneumonia  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: no

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)

Means of injury \_\_\_\_\_

23. Signature Merwin J. Kymoeff (M. D. or other)

Address Olney, Mo Date signed April 4, 1942

**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 Jimmy S. Huckshorn

Licensed Embalmer No. 4092

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