V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

13532

State File No.

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1869

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: 4812 Wyoming 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 37 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4812 Wyoming Street 8
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Sweden

3. (a) PRINT FULL NAME Mrs. Ida Beata Schelin

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 Married
6. (b) Name of husband or wife Mr. Edward O. Schelin
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased September (Month) 24 (Day) 1871 (Year)

8. AGE: Years 70 Months 7 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) Sweden 4 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business --

FATHER
12. Name Pierre Hanson
13. Birthplace Unknown (City, town, or county) Sweden 4 (State or foreign country)

MOTHER
14. Maiden name Louise Unknown
15. Birthplace Unknown (City, town, or county) Sweden 4 (State or foreign country)

16. (a) Informant Esther L. Aronson
(b) Address 4812 Wyoming
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery
18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 5-12-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1942 hour 10:45 minute A M.

21. I hereby certify that I attended the deceased from 1 May, 1932, to May 11, 1942, that I last saw her alive on May 10, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemmorhage and	5 yrs 12 days
Due to: Arterio Sclerosis	
Due to: Hypertension	10 yrs
Other conditions (Include pregnancy within 3 months of death) 8 30	

Major findings:
Of operations
Of autopsy none

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 E A Burkhardt (M. D. or other) MD
Address 3346 Summit Date signed 5/11/42

(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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address K. C. Mo.

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.