S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16853

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 2070

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

18
3
8

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: St. Luke's Hospital, D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 35 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson, 51
(c) City or town Overland Park, D
(If outside city or town limits, write "RURAL")
(d) Street No. 6601 Marty,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country x

3. (a) PRINT FULL NAME Royal A. Alquist

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

3. (c) Social Security No. 487-10-7419

4. Sex Male D

5. Color or race White

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

6. (b) Name of husband or wife Nell Alquist,

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased July (Month) 27 (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
57	10	0	hr. min.

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

10. Usual occupation Employee,

11. Industry or business Loose-Wilses Biscuit Co.

FATHER
12. Name Victor A. Alquist,
13. Birthplace Sweden, 4 (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Nell Alquist,
(b) Address 6601 Marty, Overland Park, Kansas,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-29-42 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 5-28-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27th year 1942 hour 6:15 minute A. M.

21. I hereby certify that I attended the deceased from May 20, 1942, 19 to May 27, 1942 that I last saw him alive on May 27th at 4:30 am, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema — Duration
Pamphlet plexus thrombosis
Due to
Due to 13 Ia
Other conditions
(Include pregnancy within 3 months of death)
Non malignant
Major findings:
Of operations Prostatic resection - 56 grammes of tissue removed
Of autopsy Pelvic thrombosis 2 pulmonary edema

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 Chas. F. Oakerlod (M. D. or other) D
Address 1103 Grand Ave. Date signed 5/28/42

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(Licensed Embalmer's Statement on Reverse Side)

Dr. Larry Engel
Lv. at St Louis

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. 1416

P. O. Address .....

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.