

FILED AUG 13 1942

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **718**

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

1. PLACE OF DEATH:

(a) County **Buchanan**

(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1101 N. 2nd Street, 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None** (Specify whether years, months or days)

In this community **19 years.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**

(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")

(d) Street No. **1101 N. 2nd street**
(If rural, give location)

(e) Citizen of foreign country? **NO.** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Ellen Nordstrom**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **22nd**
year **1942** hour **12** minute **02 A.M.**

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife **Charles Nordstrom**

6. (c) Age of husband or wife if alive **2** years **1875**

7. Birth date of deceased **December 2 1875**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 20 1942 to July 22 1942**
that I last saw her alive on **July 21 1942**
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
66	7	20	hr. min.

Immediate cause of death **myocardial infarction 2yo**

9. Birthplace **St. Louis Missouri.**
(City, town, or county) (State or foreign country)

Due to **epidemiology of most**

Due to **2yo**

10. Usual occupation **At home**

Other conditions **55e**
(Include pregnancy within 3 months of death)

11. Industry or business

MOTHER FATHER { 12. Name **Charles Youngren**

{ 13. Birthplace **Unknown Sweden**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Mary Elizabeth**

{ 15. Birthplace **Unknown Sweden**
(City, town, or county) (State or foreign country)

Major findings: **55e**

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant **Miss. Evelyn Nordstrom**

(b) Address **1101 N. 2nd. St. Joseph, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **July 23, 1942**
(Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cem.**

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) (Country) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director **Herman J. Dufay**

(b) Address **1802 Union Str. St. Joseph, Mo.**

19. (a) **7-22-42** (Date received local registrar) (b) **Rae Neuge** (Registrar's signature)

23. Signature **J. R. Elliott** (M. D. or other) **D. D.**

Address **St. Joseph, Mo.** Date signed **7-22-42**

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 *Herman W. Seufaden*.....

Licensed Embalmer No. 2728.....

P. O. Address St. Joseph, 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.