

FILED NOV 9 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3932

48 on hand

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:
5021 South Benton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Years (Specify whether years, months or days)

In this community 12 Years

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. 5021 South Benton
(If rural, give location)

(e) Citizen of foreign country? 54 Years in (Yes or No)
If yes, name country United States

3. (a) PRINT FULL NAME Mrs. Augusta Mary Bergmark

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25 year 1942 hour 5 minute 05A M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Richard Bergmark

6. (c) Age of husband or wife if alive 9 years

7. Birth date of deceased September 9 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10/20 1942 to 10/20 1942 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>1</u>	<u>16</u>	<u>hr. min.</u>

Immediate cause of death Myocarditis chronic

Due to Angina Pectoris

Other conditions age
(Include pregnancy within 6 months of death)

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Unknown Larsen

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

14. Maiden name Unknown

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

Major findings:
Of operations —

Of autopsy —

16. (a) Informant Mrs. Evelyn R. Raschke

(b) Address 5021 South Benton

17. (a) Removal (b) Date thereof Oct. 25, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chicago, Illinois

18. (a) Signature of funeral director R. W. Newberry, Sec

(b) Address 1401 Brush Creek Blvd

19. (a) 10-26-42 (b) M. M. Cronin
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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) (e) Means of injury D No

23. Signature Geo J. Pustator (M. D. or other)
Address 937 Proj Bldg. Date signed

Duration Many years

PHYSICIAN

Underline the cause to which death should be charged statistically.

Mr. George Lindley
Prof. Bldg.

George Lindley

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 *R. C. Mc...*
Licensed Embalmer No. *4043*
P. O. Address *R. C. Mc...*

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.