

FILED JAN 11 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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:  
7556 Walnut  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 44 years  
 years, months or days)

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. 7556 Walnut  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Mabel Victoria Norquist

3. (b) If veteran, name No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced M  
 6. (b) Name of husband or wife Joseph Norquist 6. (c) Age of husband or wife if alive 55 years  
 7. Birth date of deceased December 1887  
 (Month) (Day) (Year)

8. AGE: Years 55 Months 0 Days 20 If less than one day  
 hr. min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Louis Nordling  
 13. Birthplace Sweden  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Bettie Johnson  
 15. Birthplace Sweden  
 (City, town, or county) (State or foreign country)

16. (a) Informant Joseph Norquist

(b) Address 7556 Walnut

17. (a) Burial (b) Date thereof 1-2-43  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 12-31-42 (b) M. M. Brown  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30  
 year 1942 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from November  
 \_\_\_\_\_, 1942, to Dec 30, 1942  
 that I last saw her alive on Dec 30, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism Duration 2 hrs.

Due to Rheumatic heart disease  
concurrent fibrillation 3 yrs

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

2 hrs.

3 yrs

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Joseph Norquist (M. D. or other) MD

Address 1836 Prof Bldg. Date signed 12/31/42

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

MOTHER FATHER

*11-30-51  
11-6087  
Prof. [unclear]  
[unclear]*

**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, ~~by~~ .....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Clarence H. Chiles .....

Licensed Embalmer No. 2473 .....

P. O. Address 76 e 760 .....

**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.**