

FILED JAN 11 1943  
290Registration District No. 290Primary Registration District No. 5983Registrar's No. 6

## 1. PLACE OF DEATH:

(a) County Pulaski  
 (b) City or town Waynesville (Rural) Cullen  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community 1 year (Specify whether years, months or days)

3. (a) PRINT FULL NAME Oscar Walter Bjorquist8. (b) If veteran,  
name war \_\_\_\_\_3. (c) Social Security  
No. \_\_\_\_\_4. Sex Male5. Color or  
race White6. (a) Single, widowed, married,  
divorced Married6. (b) Name of husband or wife  
Elizabeth Bjorquist6. (c) Age of husband or wife if  
alive 26 years7. Birth date of deceased March 18, 1908  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
33 8 27 hr. min.9. Birthplace Minn.  
(City, town, or county) (State or foreign country)10. Usual occupation Minister

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

12. Name Unknown13. Birthplace "  
(City, town, or county) (State or foreign country)14. Maiden name Unknown  
(City, town, or county) (State or foreign country)15. Birthplace "  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Elizabeth Bjorquist(b) Address Waynesville, Mo.17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/18/42  
(Month) (Day) (Year)(c) Place: burial or cremation Iduma Cem.18. (a) Signature of funeral director J. L. Hoops & Sons.(b) Address Crocker, Mo.19. (a) Jan 6-1943 (Date received local registrar) (b) W. L. McWord  
(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski  
 (c) City or town Rural (Cullen Township)  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A. 0 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15  
year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from Dec 15  
1942, to Dec 15, 1942,  
that I last saw him alive on Dec 15, 1942  
and that death occurred on the date and hour stated above.Immediate cause of death Coronary  
Thrombosis. Duration \_\_\_\_\_Due to Cardiac InsufficiencyDue to \_\_\_\_\_  
Other conditions  
(Include pregnancy within 3 months of death) glaMajor findings:  
Of operations \_\_\_\_\_

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

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 R. O. Sewitt (M. D. or other) R. O.  
Address Waynesville, Mo. Date signed 1-3-43WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

Pulaski County Health Officer

File Number 1-43-6

Date Filed 1-9-63

JAN 13 1963

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 Frank B. Hoopes

Licensed Embalmer No. 3261

P. O. Address Cracker Mill

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, above space should be left blank.