

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Menorah Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Month & 6 Days
(Specify whether years, months or days)

In this community 15 Months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 979

(a) State Kansas (b) County 14

(c) City or town Marquette, Kansas 0
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country. 2

3. (a) PRINT FULL NAME Elmquist, Mr. Frank

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1943 hour 5 minute 450 M.

4. Sex M. 5. Color of race W.

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife Emma Peterson

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

7. Birth date of deceased Jan. 2, 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-9 1943 to 4-9 1943
that I last saw him alive on 4-9 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

76	3	7	hr. min.
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Immediate cause of death Carcinoma of stomach with general metastases

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

Due to 46 B

Due to

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

12. Name Peter Magnus Elmquist

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)

PHYSICIAN

Major findings: Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Francis Elmquist

(b) Address Pickwick Hotel

17. (a) Removal Marquette, Kansas
(Burial, cremation, or removal)

(b) Date thereof April 10, 1943
(Month) (Day) (Year)

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?

18. (a) Signature of funeral director D. J. Newcomer

(b) Address 1401 Brush Creek Blvd.

19. (a) 4-11-43 (Date received local registrar)

(b) M. M. Brown (Registrar's signature)

While at work? (Specify type of place)

(e) Means of injury

23. Signature D. J. Newcomer (M. D. or other)

Address P. O. Box 1401, Marquette, Mo. Date signed April 10, 1943

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

MOTHER FATHER

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 Emile M. Calhoun
Licensed Embalmer No. 3506
P. O. Address K.C. 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.