S. No. 2
M—5-42
7. 5-17-39
X328

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23820

FILED JUL 19 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2992

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:
Trinity Lutheran
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 8½ hrs. (Specify whether years, months or days)
In this community: 8½ hrs.

2. USUAL RESIDENCE OF DEACESED: 999
(a) State: Kansas (b) County: Wyandotte 14
(c) City or town: Kansas City 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 3008 W. 44 Place
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 2

3. (a) PRINT FULL NAME: Robert Charles ~~Edlund~~ Eklund

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: Male

5. Color or race: white

6. (a) Single, widowed, married, divorced: single

6. (b) Name of husband or wife:

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

7. Birth date of deceased: July (Month) 4 (Day) 1943 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day: 8 hr. 30 min.

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

10. Usual occupation: none

11. Industry or business:

FATHER
12. Name: Adolph F. ~~Edlund~~ Eklund
13. Birthplace: Kansas City (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name: Mary G. Schecher
15. Birthplace: Willis (City, town, or county) Kansas (State or foreign country)

16. (a) Informant: Adolph F. ~~Edlund~~ Eklund
(b) Address: 3008 W. 44 Place K.C. Kansas

17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 7/5/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Bucyrus Kansas

18. (a) Signature of funeral director: Geo. Long
(b) Address: 703 N. 10 St. Kansas City Kansas

19. (a) 7-6-43 (Date received local registrar) (b) R. E. Brown Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 5 year: 1943 hour: 5 minute: 30 M.

21. I hereby certify that I attended the deceased from July 4, 1943 to July 5, 1943 that I last saw him alive on July 5, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Hydramnios — estimated 2 gallons

Due to: of fluid and

Due to: Prematurity — 7½ m.

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: 18

Of autopsy:

Duration

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

23. Signature: Eugene W. Ferguson (M. D. or other)
Address: 933 Brady Bldg. Date signed: 7-5-43

(Licensed Embalmer's Statement on Reverse Side)

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 Chas. H. Rider

Licensed Embalmer No. 3404

P. O. Address 703 N 10. K.C. (2) Ka

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.