

REGISTERED AUG 11 1943 149

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3276

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:
3019 E. 8th St., /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community 20 Years years, months or days)

3. (a) PRINT FULL NAME CARL G. LINDQUIST

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, Married

6. (b) Name of husband or wife Sarah 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Oct. 15, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 9 9 hr. min.

9. Birthplace Sweden 4
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Drug Store

12. Name Unknown

13. Birthplace Sweden 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Sweden 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sarah Lindquist

(b) Address 3019 E. 8th St.,

17. (a) Removal (b) Date thereof July 27, 19
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellington, Missouri

18. (a) Signature of funeral director C. H. Blackman & Son,
(b) Address Kansas City, Mo.

19. (a) 7-27-43 (b) P. E. Brown
(Date received local registrar) (Registrator's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 3019 E. 8th St.,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 24, day 24
year 1943 hour 11 minute F. M.

21. I hereby certify that I attended the deceased from _____
Crown 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Arteriosclerotic heart Duration _____

Due to Arteriosclerotic heart

Due to 93d

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

Major findings: _____

Of operations _____

Of autopsy Respiration & Shunting

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) Means of injury _____

23. Signature P. E. Brown 3
Address KC Mo (M. D. or D. O.)

Date signed _____

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 B. H. Blackman

Licensed Embalmer No. 2244

P. O. Address.....

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.