

FILED DEC 3 1943

4927

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:
4403 NORLEDGE AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 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. 4403 NORLEDGE AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MR. GUSTAVE LEONARD BACKSTROM

3. (b) If veteran, No name war No 3. (c) Social Security No. 510-07-7449

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. MARY G. BACKSTROM 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased OCTOBER 13 1878
(Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 7 If less than one day hr. min.

9. Birthplace WHITE ROCK MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation SECRETARY AND TREASURER

11. Industry or business NOURSE OIL COMPANY

12. Name A. G. BACKSTROM

13. Birthplace UNKNOWN SWEDEN
(City, town, or county) (State or foreign country)

14. Maiden name CHRISTINE ANDERSON

15. Birthplace UNKNOWN SWEDEN
(City, town, or county) (State or foreign country)

16. (a) Informant Mary J. Backstrom

(b) Address 4403 Norledge

17. (a) BURIAL (b) Date thereof NOV. 23 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ELMWOOD CEMETERY

18. (a) Signature of funeral director D. W. Newcomer Sons

(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 11-22-43 (b) D. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month NOV. day 20TH
year 1943 hour 7 minute A.M.
21. I hereby certify that I attended the deceased from
About 20 yrs to Nov. 20 1943
that I last saw h. alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Edema of brain
Due to Cause undetermined
Due to 8:30²

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

Major findings: Of operations _____
Of autopsy as above

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

23. Signature J. W. Hallberg (M. D. or other)
Address 218 Plaza Med. Bldg Date signed 11-20-43

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

MOTHER FATHER

501533

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.