

FILED APR 7 1944

State File No.

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 1353

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:
Parking Lot 47th and Troost, 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no.
(Specify whether
 In this community all his life
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. 5035 Forest
(If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country x

3. (a) PRINT FULL NAME Arthur Blomquist
 3. (b) If veteran, name war no.
 3. (c) Social Security No. 494-16-3676

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 25th
 year 1944 hour 7:45 minute P. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary Blomquist
 6. (c) Age of husband or wife if alive unknown years
 7. Birth date of deceased December 9 1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1935 to MAR 25, 1944
 that I last saw h. 17 alive on MAR 17, 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
53 3 16 hr. min.

Immediate cause of death CORONARY OCCLUSION (Day)
 Due to _____
 Due to _____

9. Birthplace Illinois
(City, town, or county) (State or foreign country)
 10. Usual occupation Cashier

Other conditions ---
(Include pregnancy within 3 months of death)
 Major findings: ---
 Of operations ---
 Of autopsy ---

11. Industry or business Park National Bank
 12. Name Charles Blomquist
 13. Birthplace Sweden,
(City, town, or county) (State or foreign country)
 14. Maiden name Amanda Johnson,
 15. Birthplace Sweden
(City, town, or county) (State or foreign country)

PHYSICIAN ---
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mary Blomquist,
 (b) Address 5035 Forest, Kansas City, Mo.
 17. (a) Burial (b) Date thereof 3-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mrs. Moriah Cemetery

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

18. (a) Signature of funeral director Stine & McClure,
 (b) Address 3235 Gillham Plaza, K. C., Mo.
 19. (a) 3-27-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

23. Signature Dr. J. D. ...
 Address 6944 ...
(M. D. or other) (Date signed)

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

Dr. Quistgard, 6944 Prospect 1 to 4 p.m.

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

John H. Hawley

Licensed Embalmer No. *40,50*

P. O. Address *Kansas City 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.