S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 18 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9935

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1064

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: Menorah Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether years, months or days)

In this community 13 days

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Wyo (b) County Jackson 48

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

(d) Street No. 510 Forest (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME CHARLES A. KNUTSTROM

3. (b) If veteran, name war X

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 Susie E.

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased October 26, 1876 (Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 21 If less than one day hr. min.

9. Birthplace Gladstone, (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Andrew P. Knutstrom

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

MOTHER 14. Maiden name Johanna Bergquist

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

16. (a) Informant Mrs. Susie Knutstrom

(b) Address Powell, Wyoming

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/7/1944 (Month) (Day) (Year)

(c) Place: burial or cremation Stronghurst, Illinois

18. (a) Signature of funeral director Quirk & Robin Co.

(b) Address 20 West Linwood Blvd.

19. (a) 3-7-44 (Date received local registrar) (b) H. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th year 1944 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 21, 1944, to mar 6, 1944; that I last saw him alive on mar 6, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia. myocardial degeneration	10 days
Due to Prostatic Hypertrophy	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operation Prostatic Hypertrophy

Of autopsy Pyelonephritis

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 [illegible] (M. D. or other)

Address 505 Professional Bldg. Date signed 3-7-44

(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.....

Licensed Embalmer No.....

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.