

FILED AUG 14 1944

Registration District No. 179

State File No. 23592

Registrar's No. 3125

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
24 Westportone Road
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 30 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City, Mo. 3
(If outside city or town limits, write "RURAL") 8
 (d) Street No. 24 Westportone Road
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Albin P. Berglund

3. (b) If veteran, name war None 3. (c) Social Security No. 495-07-8649

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Elizebeth A. Berglund 6. (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased March-26 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>4</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace No Record Sweden 4
(City, town, or county) (State or foreign country)

10. Usual occupation Piano Tuner

11. Industry or business Baldwin Piano Co.

MOTHER FATHER { 12. Name Per Berglund 11
 13. Birthplace No Record Sweden
(City, town, or county) (State or foreign country)
 14. Maiden name Ingrid Hansdotter
 15. Birthplace No Record Sweden 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizebeth A. Berglund
 (b) Address 24 Westport Road, K.C. Mo.

17. (a) Cremation (b) Date thereof Aug 12-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: Elm Wood Cemetery

18. (a) Signature of funeral director Gates Funeral Home
 (b) Address Kansas City, Kansas

19. (a) 7-31-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 30 year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 1 1944 to July 30 1944 that I last saw him alive on July 30 and that death occurred on the date and hour stated above.

Immediate cause of death Mild Insufficiency
Valvular Heart
 Due to acute nephritis
Caused by Chronic nephritis
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: 1316
 Of operations _____
 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? _____

While at work? _____
(Specify type of place) (e) Means of injury?
 23. Signature Carl Johnson (M. D. or other) MD
 Address 103 E. 1st Date signed 7-31-44

103
Common

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..... *Wm J. Ward*

Licensed Embalmer No..... *3991*

P. O. Address..... *309 E. 67*

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.)

K.P.M.O.

If this body is not embalmed, fact should be so stated above.