

S. No. 2
DM-8-43
v. 5-17-39
P1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23752

FILED AUG 14 1944
194

State File No. _____

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3194

1. PLACE OF DEATH Jackson
 (a) County Kansas
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Research Hospital
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution 8 Days
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Kansas (b) County Leavenworth
 (c) City or town Junction City Kansas
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ALFRED L. HULTGREN

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 3RD
 year 1944 hour 3 minute 30 P. M.

3. (b) If veteran, name war No 3. (c) Social Security No. none

21. I hereby certify that I attended the deceased from July 29 to Aug 3
 that I last saw him alive on Aug 3 1944
 and that death occurred on the date and hour stated above.

0 MALE 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 21 1873
 (Month) (Day) (Year)

Immediate cause of death: Pulmonary Embolism
 Due to Iron-urethral prostatic vesication from Prostatic Hypertrophy
 Other conditions: None
 (Include pregnancy within 3 months of death)

8. AGE: Years 71 Months 0 Days 12 If less than one day _____ hr. _____ min.

Major findings: Enlarged median lobe
 Of operations _____
 Of autopsy None
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

9. Birthplace Junction City Kansas
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Printer

11. Industry or business Newspaperman

12. Name Lustar Hultgren

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

14. Maiden name Maria Larson

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

16. (a) Informant C. H. Anderson

(b) Address 4218 Mercer

17. (a) Removed (b) Date thereof Aug 6 - 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Junction City Kansas

18. (a) Signature of funeral director C. H. Anderson
 (b) Address 1401 Brush Creek St. Mo

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

19. (a) 8-4-44 (b) N. E. Brown
 (Date received local registrar) (Registrar's signature)

(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 [Signature] (M. D. coroner)
 Address 1019 W. 9th St. Date signed 8-4-44

(Licensed Embalmer's Statement on Reverse Side)

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

8-4-44

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..... *A.C. Newcomer Jr*
Licensed Embalmer No. *4043*
P. O. Address..... *A.C. Newcomer*

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.