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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40080

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 5025

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: 4349 WYOMING STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -- (Specify whether
In this community Life time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY 41
(If outside city or town limits, write "RURAL")

(d) Street No. 4349 WYOMING 3
(If rural, give location)

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

If yes, name country --

3. (a) PRINT FULL NAME CARL OSCAR ENGBERG

3. (b) If veteran, name war No

3. (c) Social Security No. 486-05-1578

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gertie Engberg

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Dec. (Month) 9 (Day) 1885 (Year)

8. AGE: Years 59 Months 0 Days 0 If less than one day ___ hr. ___ min.

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

10. Usual occupation Piano Repair Man

11. Industry or business Jenkins Music Co.

FATHER
12. Name August E. Engberg
13. Birthplace Sweden (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emery Anderson
15. Birthplace Sweden (City, town, or county) (State or foreign country)

16. (a) Informant MRS. GERTIE ENGBERG
(b) Address 4349 WYOMING STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC-13-1944 (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL ABBEY

18. (a) Signature of funeral director D. H. Newcomers Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 12-12-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 9TH year 1944 hour ___ minute ___ M.

21. I hereby certify that I attended the deceased from Pathologist, 19__; that I last saw h___ alive on ___, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to: Generalized arteriosclerosis	
~~Due to~~ Cardiac hypertrophy	
Other conditions (Include pregnancy within 3 months of death): and dilatation	

Major findings:
Of operations 9 502

Of autopsy

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 J. O. Skinner (M. D. or other)

Address By Bonnie Sherwood, Dr. Designee 12-11-44

(Licensed Embalmer's Statement on Reverse Side) Pathologist, St. Joseph Hosp. Kansas City

1404 Bryant Bldg

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 Elscar Hartley

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.