S. No. 2
M—2-43
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22907

State File No.

FILED AUG 4 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3115

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

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 28 years 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 803 Oak 8
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Elmer Engstrom

3. (b) If veteran, name war WO

3. (c) Social Security No. # unknown.

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Ellen Engstrom

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased October (Month) 10th (Day) 1900 (Year)

8. AGE: Years 44 Months 9 Days 15 If less than one day hr. min.

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

10. Usual occupation Mechanic

11. Industry or business

FATHER
12. Name Andrew Engstrom
13. Birthplace (City, town, or county) Sweden 4 (State or foreign country)

MOTHER
14. Maiden name Josephine Olson
15. Birthplace (City, town, or county) Sweden 4 (State or foreign country)

16. (a) Informant S R Perdue
(b) Address Topeka Kans

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/25/45 (Month) (Day) (Year)
(c) Place: burial or cremation Topeka Kans.

18. (a) Signature of funeral director Truman Mortuary
(b) Address 104 [illegible]

19. (a) 7-25-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1945 hour 9 minute 50 A M.

21. I hereby certify that I attended the deceased from July 25 45, to July 25 45;
that I last saw him alive on July 25, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death coronary occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	
Major findings: Of operations	
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 Clark W Seely MD (M. D. or other)

Address Med. Dir. K.C. General Hospital Date signed

(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 W. A. Irwin

Licensed Embalmer No. 4352

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.