

FILED AUG 4 1945

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 3124

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:  
Devine Brothers Clinic, 918 Oak Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 Days  
(Specify whether  
In this community 17 Days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Michigan (b) County Muskegon 999  
(c) City or town Muskegon 20  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 2  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 24  
year 1945 hour 6 at PM minute \_\_\_\_\_ AM

21. I hereby certify that I attended the deceased from July 24 9th  
1945 to July 24 1945  
that I last saw him alive on July 24 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Heart Exhaustion

Due to Illness arising  
gas pressure

Due to transitory  
respiration 7-18-45

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
137 B

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 \_\_\_\_\_

Signature G. M. Jagers (M. D. or other)  
Address 918 Oak Street, Kansas City, Mo Date signed 7-25-45

3. (a) PRINT FULL NAME ANDREW OSCAR POLKKI

3. (b) If veteran, name war World War 1 3. (c) Social Security No. 367-10-4646

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Margaret Polkki 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased December 22 1893  
(Month) (Day) (Year)

8. AGE: Years 51 Months 7 Days 2 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Perho Finland  
(City, town, or county) (State or foreign country)

10. Usual occupation Continental Motors

11. Industry or business \_\_\_\_\_

12. Name Henry Polkki

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

14. Maiden name Louise Jarvela

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

16. (a) Informant Mrs. Margaret Polkki

(b) Address Muskegon, Michigan

17. (a) Removal (b) Date thereof 7 / 25 / 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Muskegon, Michigan

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd Street

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

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

**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 Walter H. Erwin  
Licensed Embalmer No. 4352  
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.**