

FILED NOV 29 1945
Registration District No. _____

Primary Registration District No. 2186

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

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Rural Union Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Near Green City 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 5 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan ¹⁰⁵

(c) City or town Rural ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. Near Green City, Mo. ⁰
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Gustaf Adolph Ehn

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 3rd
year 1945 hour 6:45 minute 0 M.

21. I hereby certify that I attended the deceased from 8-13, 1945, to 10-3, 1945, that I last saw him alive on 10-3 and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife ANNA MATILDA EHN

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased: 6 (Month) 7 (Day) 1885 (Year)

Immediate cause of death LIVERATIC CARCINOMA ^{7 yrs.}

Due to SurgerY Dec. 43 for GASTRIC CARCINOMA

Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years 60 Months 3 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Gustaf Ehn

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

14. Maiden name Anna Louise Carlson

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

16. (a) Informant Anna M Ehn

(b) Address Green city mo

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation Polt Cemetery, Polt, Neb.

18. (a) Signature of funeral director Glen E. Hunt & Son

(b) Address Green City, Mo

19. (a) Nov 1-1945 (b) Anna Shaw (Date received local registrar) (Registrar's signature)

Major findings: Of operations 46

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? _____

23. Signature H. E. Schum (Specify type of place) (e) Means of injury 2

Date signed 10-4-45

RECEIVED

District Health Officer No. 10

District File Number 11-45-1653

Date Filed NOV 23 1945

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 Archie W Wade

Licensed Embalmer No. 3037

P. O. Address Green City, Mo

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.