

FILED FEB 20 1948
Registration District No. 176

Primary Registration District No. 3026

State File No. _____

Registrar's No. 33

1. PLACE OF DEATH:
 Jackson
 (a) County Independence
 (b) City or town Independence
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 711 E Alton /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 months (Specify whether years, months or days)
 In this community _____

3. (a) PRINT FULL NAME EMMA DAHLGARD
 (b) If veteran, name war none
 (c) Social Security No. none

4. Sex female
 5. Color or race white
 6. (a) Single, widowed, married, divorced, widowed
 (b) Name of husband or wife Christopher Dahlgard
 6. (c) Age of husband or wife if alive 1871 years
 7. Birth date of deceased June 3 (Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 23 If less than one day hr. min.

9. Birthplace Highland County Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {
 12. Name Noah Forseille
 13. Birthplace Unknown France (City, town, or county) (State or foreign country)
 14. Maiden name Louise Russellot
 15. Birthplace Unknown France (City, town, or county) (State or foreign country)

16. (a) Informant Mae Latimer

(b) Address 711 E. Alton

17. (a) Burial (b) Date thereof 1-28-1946 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Washington Cem

18. (a) Signature of funeral director Geo. C. Carson Funeral Home

(b) Address Independence Missouri

19. (a) 1-27-46 (b) [Signature] (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 Missouri Jackson 48
 (a) State (b) County
 (c) City or town Independence 4
 (If outside city or town limits, write "RURAL")
 (d) Street No. 711 E Alton 4
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 26 day 6 year 1946 hour 00 minute 00 A.M.

21. I hereby certify that I attended the deceased from 1-22-46, 1946 to 1-26-46, 1946 that I last saw her alive on 1-22-46, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
 Duration: 2 wks

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations [Signature]
 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: [Signature] (M. D. or other) D.O.
 Address: [Signature] Date signed: 1-26-46

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 Richard A. Lisle

Licensed Embalmer No. 4133

P. O. Address Independence, 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.