

S. No. 2
M-5-43
7-5-17-39
I X36671

DEPARTMENT OF COMMERCE ... THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

16735

State File No. _____

FILED MAY 27 1946

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 2197

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
15617

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Osteopathic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community as above
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 54
(c) City or town Lexington
(If outside city or town limits, write "RURAL")
(d) Street No. 724 Highland
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Harry Lindblad
3. (b) If veteran, name war no. 3. (c) Social Security No. no.
4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mrs. Elizabeth Lindblad
6. (c) Age of husband or wife if alive 38 unknown years
7. Birth date of deceased May 16, 1907
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 15
year 1946 hour 10:00 minute P. M.
21. I hereby certify that I attended the deceased from 5-12-46
_____, 19____, to 5-14-46
_____, 19____, that I last saw him alive on 5-14, 19____, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
39 11 29 hr. min.

Immediate cause of death Pulmonary Embolism
Due to Perforation of Duodenum ulcer - and Rupture of Gastric Duodenum artery & massive intra Abdominal hemorrhage
Other conditions (include pregnancy within 3 months of death) 1776

9. Birthplace Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Insurance Agent
11. Industry or business Insurance
12. Name John Lindblad
13. Birthplace Sweden
(City, town, or county) (State or foreign country)
14. Maiden name Marie Berggung
15. Birthplace Sweden
(City, town, or county) (State or foreign country)

Major findings: Perforated Duodenum ulcer & Hemorrhage
Of operations 1776
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Elizabeth Lindblad
(b) Address 724 Highland, Lexington, Missouri
17. (a) removal (b) Date thereof 5-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lexington, Missouri
18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 5-16-46 (b) Maudine Holmes
(Date received local registrar) (Registrar's signature)

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) Means of injury _____
23. Signature J. Thompson (M. D. or other) 200
Address 3800 E 27, KC Mo Date signed 5-16-46

Dr. Wm. Thompson

*11th St.
Kamron*

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 *J. Blair Shippard*
Licensed Embalmer No. *4179*
P. O. Address *K. C. Tex*

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.