

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED JUL 10 1946
Registration District No. 16

Primary Registration District No. 3026

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Independence Sanitarium & Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 No. 23 Days
(Specify whether years, months or days)

In this community 1 No. 23 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 4025 Chestnut
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALIA LOU BERGSTROM

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6, year 1946 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____ 1946 to June 6 1946
that I last saw her alive on June 5 1946
and that death occurred on the date and hour stated above.

Immediate cause of death:
Myocardial Infarction - 64+

Due to coronary atherosclerosis and thrombosis

Other conditions:
(Include pregnancy within 3 months of death)

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

6. (b) Name of husband or wife Carl A. Bergstrom 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased February 25, 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>3</u>	<u>11</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Alfred W. Sherrill

13. Birthplace Bill Springs, Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Bone

15. Birthplace Bill Springs, Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Carl A. Bergstrom

(b) Address Kansas City, Missouri

17. (a) Burial (b) Date thereof 6/8/46
(City, town, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Independence, Missouri

19. (a) June 22-1946 (b) [Signature]
(Date received local registrar) (Registrar Signature)

Physician

Major findings:
Of operations _____

Of autopsy as above 726

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 _____

23. Signature [Signature] (M. D. or other) [Signature]

Address 10 North Paul Hwy Date signed 6/6/46

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

1946

Wife, I

SEP 15 1958

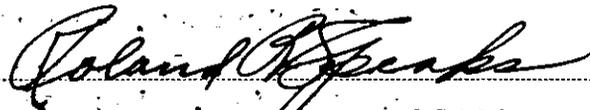
JUL 10 1946

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.....



Licensed Embalmer No.....3604

P. O. Address.....Independence, Missouri

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.