

FILED NOV 6 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4414

1. PLACE OF DEATH:

(a) County Jackson County, Missouri
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 wks.
In this community 6 mo. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State New Jersey (b) County 999
(c) City or town Rural in town of ... Road 28
(If outside city or town limits, write "RURAL")
(d) Street No. 6 Mountainview Road 0
(If rural, give location)
(e) Citizen of foreign country? unknown (Yes or No) ?
If yes, name country

3. (a) PRINT FULL NAME Reince N. Quist

3. (b) If veteran, name war none
3. (c) Social Security No. 138-07-1762

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Constance Quist
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased January 19 1907
(Month) (Day) (Year)

8. AGE: Years 39 Months 9 Days 1
If less than one day hr. min.

9. Birthplace Gotenburg Sweden 4
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business Colgate-Palmolive-Peete

12. Name Chas. Quist

13. Birthplace Sweden 4
(City, town, or county) (State or foreign country)

14. Maiden name Henrietta Olson

15. Birthplace Sweden 11
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Constance Quist

(b) Address Rahway New Jersey

17. (a) removal (b) Date thereof 10/21/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jersey City, New Jersey

18. (a) Signature of funeral director Gates Funeral Home

(b) Address 1901 Olathe Blvd. K.C.K.

19. (a) 10-21-46 (b) Geraldine Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20th year 1946 hour 2 minutes 40 P.M.

21. I hereby certify that I attended the deceased from Oct 20 1946 to Oct 20 1946
that I last saw him alive on Oct 20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia, anuria

Due to old pyonephrosis left acute diffuse nephritis rt.
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 133a

Of autopsy same

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 M. A. Terry M.D. (M. D. or other) 0

Address Kansas City, Mo Date signed Oct 20

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

MOTHER FATHER

Duration
3 wks
8 yrs
3 wks
PHYSICIAN
Underline the cause to which death should be charged statistically.

NOV 6 1948

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 D Ross Blanford
Licensed Embalmer No. 4015
P. O. Address 414 State Line

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.