

FILED MAY 20 1947
149

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2049

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
4524 Washington Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) 2 Years

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4524 Washington Blvd. 8
(If rural, give location) 0

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

3. (a) PRINT FULL NAME MATILDA GUSTAVA GUSTAFSON

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Charles G. Gustafson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 31 1864
(Month) (Day) (Year)

| | | | | |
|---------|-------|--------|------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | 83 | 1 | 6 | hr. _____ min. |

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Johan Hultquist

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

14. Maiden name Christina Johnson

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

16. (a) Informant Mrs. Louise Larson

(b) Address 4524 Washington Blvd.

17. (a) Removal (b) Date thereof May 9 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Ceme. R.C.C.

18. (a) Signature of funeral director Geo. H. Long

(b) Address 703 North 10th Street

19. (a) 5-8-47 (b) Gertrudine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1947 hour 11 minute 00 A. M.

21. I hereby certify that I attended the deceased from Jan 1-10
1947 to May 7 1947
that I last saw or alive on May 6 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to Senility

Due to _____

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

Major findings: 92 lb
Of operations _____

Of autopsy _____

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 Charles Gustafson (M. D. or other) _____
Address 1103 Chestnut St Date signed 5-8-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Carl A. Jackson
1103 E. Duane
W.E. 4/93

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 Chas. H. Rider

Licensed Embalmer No. 3404

P. O. Address 703 N. 10th

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.