

Registration District No. 149

Primary Registration District No. 1002

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

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: ST. JOSEPH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2-DAYS
(Specify whether
In this community 2 WEEKS
years, months or days)

3: (a) PRINT FULL NAME MRS. BETSY J. SETTERQUIST

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 MR. EDWARD SETTERQUIST
6. (c) Age of husband or wife if alive years

7. Birth date of deceased SEPTEMBER 21 1874
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 1
If less than one day hr. min.

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

10. Usual occupation AT HOME

11. Industry or business

12. Name UNKNOWN JOHNSON

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

14. Maiden name UNKNOWN

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

16. (a) Informant MRS. HAZEL WHITE
(b) Address 7411 HIGHLAND AVENUE

17. (a) REMOVAL (b) Date thereof MAY 22 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MINNEAPOLIS, MINNESOTA

18. (a) Signature of funeral director O. W. Newcomer's son
(b) Address 1401-BRUSH CREEK BLYD

19. (a) 5-22-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 7411 HIGHLAND AVENUE
(If rural, give location)
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country SWEDEN

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 22ND
year 1948 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from 5-12
1948, to 5-21-1948
that I last saw her alive on 5-21-1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration 3 days

Due to Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature (M. D. or other) Address

1-5
75 & 1/2
1-5

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 Bernard L. Moran
Licensed Embalmer No. 4250
P. O. Address NC 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.