

FILED NOV 7 1955

STANDARD CERTIFICATE OF DEATH

State File No. 32174

BIRTH NO. _____		REG. DIST. NO. <u>30</u>		PRIMARY REG. DIST. NO. <u>5105</u>		Registrar's No. <u>407</u>	
1. PLACE OF DEATH a. COUNTY <u>BENTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Union township - Warsaw</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>(None) 20 miles E. Warsaw</u>				e. STREET ADDRESS (If rural, give location) <u>3008 West 44th Place</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ADOLPH</u> b. (Middle) <u>FREDRICK</u> c. (Last) <u>EKLUND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 29 1955</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Jan 6, 1901</u>	
9. AGE (In years last birthday) <u>54</u>		10. MONTHS <u>9</u>		11. DAYS <u>23</u>		12. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Eng. - Jernan</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Mo Pacific R.R.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>John Eklund</u>			13b. MOTHER'S MAIDEN NAME <u>Johanna Hulien</u>		14. NAME OF HUSBAND OR WIFE <u>Mary E. Eklund</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>850X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary E. Eklund 3008 West 44th</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pulmonary congestion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>water being aspirated in lung</u> DUE TO (c) <u>Drowning</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 min</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>42</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 29, 1955 2:30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Boat tipped over & man became entangled in fishing line</u>			
22. I hereby certify that I attended the deceased from <u>noon</u> 19 <u>55</u> , to <u>noon</u> 19 <u>55</u> , that I last saw the deceased alive on <u>noon</u> 19 <u>55</u> ; and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harold P. Wackerlorn</u>				23b. ADDRESS <u>Cole Camp, Mo</u>		23c. DATE SIGNED <u>10/29/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct 30, 1955</u>		24c. NAME OF GEMETERY OR CREMATORY <u>Melody - McElley - Eylea Funeral Home</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Jackson, Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-30-1955</u>		REGISTRAR'S SIGNATURE <u>J.A.D.</u>		25. FURNAL DIRECTOR'S SIGNATURE <u>John F. Piser</u>		ADDRESS <u>Warsaw</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1932

1932

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 Student Embalmer No. working under my personal supervision..

Student Signature of Student Embalmer

Signed *John F. Pusey*

Licensed Embalmer No. 49

P. O. Address *Warsaw*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.