

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36898**  
**4964**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <b>Kansas City</b>	c. LENGTH OF STAY (In this place) <b>5 MONTHS</b>	c. CITY OR TOWN <b>Kansas City</b>	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 <b>General Hospital No. 1</b>		e. STREET ADDRESS (If rural, give location) <b>1410 Central</b> <span style="float: right;"><b>3280</b></span>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Karl</b> b. (Middle) <b>Karlson</b> c. (Last) <b>Karlson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11 16 1955</b>		
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JUNE 7, 1917</b>	9. AGE (In years last birthday) <b>38</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STUDENT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>BARBER SCHOOL</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>FARGO, NORTH DAKOTA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>KARL OKE KARLSON</b>	13b. MOTHER'S MAIDEN NAME <b>OLGA SIGRID HANSON</b>	14. NAME OF HUSBAND OR WIFE <b>GENEVA KARLSON</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>502-28-1105</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. LONNIE E. HOPKINS</b>		ADDRESS <b>3218 FRANCIS K.C. KANSAS</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4201</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Oct. 10, 1955 to Nov. 16, 1955, that I last saw the deceased alive on Nov. 16, 1955, and that death occurred at 5:25A m., from the causes and on the date stated above.

23a. SIGNATURE <b>B. I. Burns, M.D.</b>		23b. ADDRESS <b>24th &amp; Cherry</b>	23c. DATE SIGNED <b>11-16-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>Nov. 16, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>IForest Hill ARKANSAS</b>
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DATE REC'D BY LOCAL REG. <b>1-16-55</b>	REGISTRAR'S SIGNATURE <b>newer minchell</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. T. Newcomer Sons, Kansas City, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 6 1951

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 *Albert L. Savag*.....

Licensed Embalmer No. *4812*

P. O. Address *Kansas*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.