

FILED JUL 14 1945
Registration District No. _____

Primary Registration District No. 3023

Registrar's No. 127

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: East Clinton St.
(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)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42

(c) City or town Clinton 1
(If outside city or town limits, write "RURAL")

(d) Street No. East Clinton St 2
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sophia Hulda Lindstrom

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1945 hour 11 minute 15 P. M.

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

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

7. Birth date of deceased Oct. 29 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 10, 1943, to June 18, 1945;
that I last saw her alive on June 18, 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 7 Days 25 If less than one day _____ hr. _____ min.

Immediate cause of death: Coronary Occlusion

Due to _____

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

10. Usual occupation Housewife

Other conditions: Angina Pectoris 2 years

Major findings: of operations of autopsy

MOTHER, FATHER

11. Industry or business _____

12. Name Peter Aug. Norquist

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

14. Maiden name Johanna Cristine

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

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? _____

16. (a) Informant Co. A Lindstrom

(b) Address Clinton Mo.

17. (a) Burial (b) Date thereof 6-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Clinton Mo

18. (a) Signature of funeral director Spencer Solt

(b) Address Clinton Mo

19. (a) June 22 (b) Myrtle Browder
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)
(b) Means of injury M. D.

23. Signature Dr. R. S. Halligan M. D.
Address Clinton Mo Date signed 6/25/45

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

RECEIVED
District Health Officer No. 71
District File Number 6-43-684
Date Filed 1-12-43

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,
 , Registered Apprentice No.
working under my personal supervision.

(Blumberg)

Signed W. A. Stewart
Licensed Embalmer No. 3779
P. O. Address Clinton

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.