

FLAT SHAPE

2 1/2" H

POL. //

ST



1.45"



DANIEL LAWRENCE CARLSEN 1 1/4"

JULY 15, 1907 — AUGUST 19, 1956 1"

FOUNDED NARCOTICS ANONYMOUS 1 1/4"
IN NEW YORK CITY IN 1949 1"

22"

By signing the drawing I take full responsibility for misspelled words & dates and I have read and checked for all and any errors. It is also understood and agreed that my monument can take up to 8- 12 weeks for it's completion.

X _____

p.1

7183213155

FLUSHING MONUMENTS

May 04 11 12:56p

2011 1458

To Whom It May Concern:

I am writing this letter in regards to my Grandfather, Daniel L. Carlsen. I am requesting that permission be granted to have a headstone placed on his gravesite at Flushing Cemetary. It is my understanding that he was buried by the Salvation Army and that his grave is, at this time, unmarked. I am granting permission as his grand-daughter that a marker be placed at his gravesite. I would appreciate your attention to this matter and to allow a headstone to be placed at the site of his burial.

I am very grateful to the Salvation Army for their efforts in ensuring that my grandfather had a proper burial upon his death. I am also confident that the Flushing Cemetery will be in co-operation in our efforts to finally have marked his grave with a proper headstone.

Thank you very much for your time.

A handwritten signature in cursive script that reads "Donna L. Carlsen". The signature is written in black ink on a white background. To the right of the signature, there is a rectangular area that has been redacted with a grey box.

Donna L. Carlsen



DOING THE
MOST GOOD

TERRITORIAL PROPERTY DEPARTMENT

Territorial Headquarters
440 West Nyack Road
P.O. Box C-635
West Nyack, NY 10994-1739
Tel: 845.620.7200 Fax: 845.620.7754
www.salvationarmy-usaeast.org

March 24, 2011

Mr. John Helly
Superintendent
Flushing Cemetery
163-06 46th Avenue
Flushing, NY 11358

RE: Headstone for Grave of Daniel L. Carlson
Section 27/East 480 feet of Plot 48

Dear Mr. Helly:

It has come to our attention from Mr. Danny Martino that a small committee of people from Narcotics Anonymous would like to place a headstone on the above grave for Daniel L. Carlson, which is owned by The Salvation Army.

Please accept this letter as our (The Salvation Army) permission for the headstone to be placed there in recognition of his work with Narcotics Anonymous.

If you have any questions, please do not hesitate to contact this office.

Sincerely,

Hugh Steele, MAJOR
Territorial Property Secretary

RECEIVED
 DEPARTMENT OF HEALTH
 BUREAU OF RECORDS
 RICHMOND
 OCT 3 1930

No. of Certificate.

STATE OF NEW YORK
 CERTIFICATE AND RECORD OF MARRIAGE

736

Daniel L. Carlsson of *and Mary A. Lynch*

Groom's Residence.	<i>309 Clarkson Ave. Bklyn.</i>	Bride's Residence.	<i>10 Parkwood Place</i>
Age.	<i>22</i>	Age.	<i>24</i>
Color.	<i>White</i>	Color.	<i>White</i>
Single, Widowed or Divorced.	<i>Single</i>	Single, Widowed or Divorced.	<i>Widow</i>
Occupation.	<i>Hospital Attendant</i>	Maiden Name, if a Widow.	<i>Mary A. Quoker</i>
Birthplace.	<i>309 Clarkson Ave.</i>	Birthplace.	<i>Brooklyn</i>
Father's Name.	<i>Lawrence</i>	Father's Name.	<i>Patrick J. Quoker</i>
Mother's Maiden Name.	<i>Elsie Unknown</i>	Mother's Maiden Name.	<i>Catherine Murray</i>
Number of Groom's Marriage.	<i>2nd</i>	Number of Bride's Marriage.	<i>Second</i>

I hereby certify that the above-named groom and bride were joined in Marriage by me, in accordance with the Laws of the State of New York, at *St. Ann's Church* (Street Church), in the Borough of *Richmond*, City of New York, this *30* of *March* 19*30*

Signature of person performing the Ceremony: *J. C. Quinn*
 Official Station: *Pastor*
 Residence: *15 Webster Ave.*

Witnesses to the Marriage: *Daniel A. Quoker*
Helen Callagy

NO MUTILATED CERTIFICATE WILL BE RECEIVED

WE hereby certify that we are the Groom and Bride named in this Certificate, and that the information given therein is correct, to the best of our knowledge and belief.

Daniel Lawrence Carlsen Groom.

Mary Anne Tynech Bride.

Signed in the presence of

Daniel A. Leahy

and

Henry Callagy

It shall be the duty of the clergymen, magistrates and other persons who perform the marriage ceremony to keep a registry of the marriages celebrated by them. * * * * *

* * * * * Every person authorized by law to perform the marriage ceremony shall register his or her name and address in the office of the Bureau of Records (Sec. 158, Sanitary Code).

It shall be the duty of every person required to make or keep any such registry, of * * * * * marriage * * * * * to present to the Bureau of Records a copy of such registry signed by such person * * * * * within ten days after the * * * * * marriage * * * * * which shall thereupon be placed on file in the said Bureau (Sec. 161, Sanitary Code).

N. B.—Sec. 1280, Chap. 466, Laws of 1901, makes the failure to report within ten days, a written copy of the registry of the marriages provided to be registered, a misdemeanor, punishable by fine or imprisonment.

VITAL RECORDS CERTIFICATE

Certificate of Death

156-56-207938

FILED

Certificate No.

1. NAME OF DECEASED
(Print or Typewrite)

Daniel Carlsen
First Name Middle Name Last Name

PERSONAL PARTICULARS
(To be filled in by Funeral Director)

MEDICAL CERTIFICATE OF DEATH
(To be filled in by the Physician)

2 USUAL RESIDENCE: (a) State *New York*
(b) Co. *KINGS* (c) Post Office and Zone *N.Y.*
(d) No. *83 EIGHTH AVE* Ave. St.
(e) Length of residence or stay in City of New York immediately prior to death *12 yrs.*

15 PLACE OF DEATH:
(a) NEW YORK CITY: (b) Borough *Bronx*
(c) Name of Hospital or Institution *Montefiore*
(If not in hospital or institution, give street and number.)
(d) If in hospital, give Ward No. *W-1*

3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *MARRIED*

16 DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour) M.
8 19 1956 6 A.

4 DATE OF BIRTH OF DECEDENT (Month) (Day) (Year)
7 15 1907

17 SEX *M* 18 COLOR OR RACE *W* 19 Approximate Age *50*

5 AGE *49* yrs. If under 1 year mos. days If LESS than 1 day, hrs. or min.

20 I HEREBY CERTIFY that (~~I attended the deceased~~)* (a staff physician of this institution attended the deceased)*

6 Occupation
a. Usual Occupation (Kind of work done during most of working life, even if retired) *UNEMPLOYED*
b. Kind of Business or Industry in which this work was done *FURNITURE FINISHER*

from *August 1, 1956*, to *August 19, 1956*
and last saw him alive at *5:30 P.M.* on *August 19, 1956*

7 SOCIAL SECURITY NO. *359-03-0808*

I further certify that death ~~was~~ *was not* caused, directly or indirectly by accident, homicide, suicide, acute or chronic poisoning, or in any suspicious or unusual manner, and that it was due to NATURAL CAUSES more fully described in the confidential medical report filed with the Department of Health.

8 BIRTHPLACE (State or Foreign Country) *PUERTO RICO*

* Cross out words that do not apply.
† See first instruction on reverse of certificate.

9 OF WHAT COUNTRY WAS DECEASED A CITIZEN AT TIME OF DEATH? *U.S.A.*

10a. WAS DECEASED EVER IN UNITED STATES ARMED FORCES? *No* 10b. IF YES, Give war or dates of service

Witness my hand this *19* day of *August*, 19*56*

11 NAME OF FATHER OF DECEDENT *PETER CARLSEN*

Signature *Simon L. Austin* M.D.

12 MAIDEN NAME OF MOTHER OF DECEDENT *ELSIE*

Address *Montefiore Hospital*

13 NAME OF INFORMANT	RELATIONSHIP TO DECEASED	ADDRESS
<i>Frances Carlsen</i>	<i>wife</i>	<i>83-8th Av. Brooklyn, N.Y.</i>

14a. Name of Cemetery or Crematory	14b. Location (City, Town or County and State)	14c. Date of Burial or Cremation
<i>Flushing Cemetery</i>	<i>Flushing, Queens</i>	<i>August 23, 1956</i>

21 FUNERAL DIRECTOR *Frank A. Campbell* ADDRESS *The Funeral Church, Inc. 1076 Madison Ave. N.Y.C.*

BUREAU OF RECORDS AND STATISTICS DEPARTMENT OF HEALTH THE CITY OF NEW YORK

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

Steven P. Schwartz
Steven P. Schwartz, Ph.D., City Registrar

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DATE ISSUED Dec 6, 2010

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



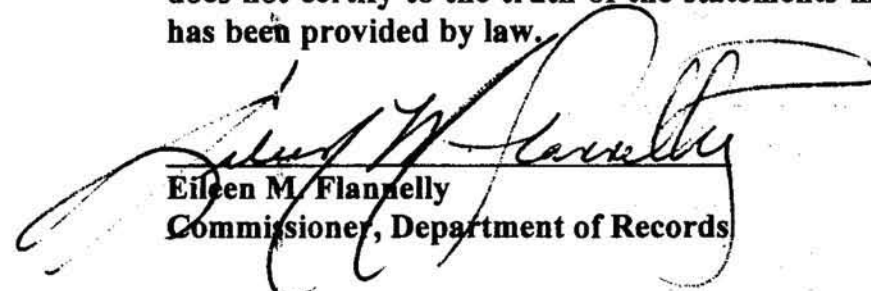
NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES

MUNICIPAL ARCHIVES

**31 Chambers Street
New York, N.Y. 10007**

This exact copy of a _____ certificate should not be accepted unless the raised seal of The Department of Records and Information Services is affixed thereon. The reproduction or alteration of this transcript is prohibited by Section 3.21 of the New York City Health Code.

In issuing this copy of the record, the Department of Records and Information Services does not certify to the truth of the statements made thereon, as no inquiry to the facts has been provided by law.



**Eileen M. Flannelly
Commissioner, Department of Records**



**Leonora A. Gidlund
Director, Municipal Archives**

FLUSHING CEMETERY

Cremation Garden



Niches Are Available

Please Inquire at Office

Carlson, Daniel -AKA Danny Carlson

45560

Name

Interment Number

Montefiore Hospital

Place of Death

50

Puerto Rico

Age

Years

Months

Days

Birthplace

August 19, 1956

August 23, 1956

Date of Death

Date of Interment

E. 480' of 48

27

11

Plot No.

Div.

Section

Grave

Not given

Frank E. Campbell

Cause of Death

Undertaker

Remarks: K 1 Deep (NO BOX)

Remarks:

(718) 359-0100

Fax (718) 359-0664

Flushing Cemetery

JOHN HELLY
SUPERINTENDENT

163-06 46th AVENUE
FLUSHING, N.Y. 11358



WONDERLAND *of a* **Million Blooms**



**FLUSHING CEMETERY
ASSOCIATION**

Established in 1853



CLEAN
&
SERENE
FOR
MULTIPLE
YEARS OF
RECOVERY