

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13584
 Do not use this space.

REC'D MAY 9 1938

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 389
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 1564
 (c) City Kansas City (d) Street No. Menorah Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dr. Paul B. Strandberg 365
 (a) Residence, No. Riviera Apartments, 229 Ward Parkway (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Erta Strandberg</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 17, 1891</u>		
7. AGE	YEARS <u>46</u>	MONTHS <u>8</u>	DAYS <u>23</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Dentist</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>			
	13. NAME <u>Jacob Strandberg</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>			
	15. MAIDEN NAME <u>Lydia Unknown</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>				
17. INFORMANT <u>Mrs. Erta Strandberg (Wife)</u> (ADDRESS) <u>Riviera Apartments, Kansas Cy., Mo.</u>				
18. BURIAL, CREMATION OR REMOVAL In Abbey, Forest Hill PLACE <u>Kansas City, Mo.</u> DATE <u>April 12, 1938</u>				
19. FUNERAL DIRECTOR <u>Stine & McClure</u> (ADDRESS) <u>Kansas City, Missouri</u>				
20. FILED <u>Apr 11, 1938</u> <u>M. M. Brown</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1938, to April 10, 1938
 I last saw h. i. m. alive on April 10, 1938 Death is said to have occurred on the date stated above, at A. M. 9:55
 The principal cause of death and related causes of importance were as follows:
Coronary occlusion Date of onset
948

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify J. H. Adams M. D.
 (Signed) _____ (Address) 408 Argyle Bldg.

Handwritten signature

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed _____
Licensed Embalmer No. _____

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.)