S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 14 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24170

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 2780

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township) 3
(c) Name of hospital or institution Inter-city Viaduct (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 14 yrs 5 27

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 604 W. 10th (If rural, give location)
(e) If foreign born, how long in U. S. A.? 20 (aprox) years.

3. (a) PRINT FULL NAME WALTER SANDSTROM
3. (b) If veteran, name war —
Walter Sandstrom
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Bertha
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased June (Month) 20 (Day) 1889 (Year)

8. AGE: Years 51 | Months 0 | Days 17 | If less than one day ___ hr. ___ min.

9. Birthplace — (City, town, or county) Sweden (State or foreign country)
10. Usual occupation Foreman of Dock
11. Industry or business Federal Barge Lines
FATHER
12. Name unk
13. Birthplace (City, town, or county) (State or foreign country) ?
MOTHER
14. Maiden name unk
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Various Friends
(b) Address —
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-40 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park-KCK
18. (a) Signature of funeral director R A Bulton
(b) Address
19. (a) July 10, 1940 (Date received by local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7-8-40 year ___ hour ___ minute ___ A.M. P.M.

21. I hereby certify that I attended the deceased from ___, 19___, to ___, 19___; that I last saw him alive on ___, 19___; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Hemopericardium
Due to Rupture of the aorta 2 hrs
Due to Fracture of the skull 2 hrs
Other conditions (Include pregnancy within 3 months of death)
Fracture of right tibia
Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) DO NOT KNOW
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State) CORONERS INQUEST
(d) Did injury occur in or about home, on farm, in industrial place, in public place? PENDING
While at work? (Specify type of place) (Nature of injury)

23. Signature Arthur B. Miller (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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~~.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Ray E Lowe

Licensed Embalmer No. 2560

P. O. Address 1807 East 29th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

S. No. 2B
—2-21-40
I X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. Primary Registration District No. Registrar's No. 2780

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No. 604 W 10" St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Wh

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 51 | Months | Days | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 7/10/40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to 210 M-1	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Acc
(b) Date of occurrence July 8 1940
(c) Where did injury occur? Kansas City Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Collision of Car with viaduct (Specify type of place)
While at work? (e) Means of injury Auto Trauma

23. Signature (M. D. or other)
Address Date signed

5-24170