

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4224**

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)  
(c) Name of hospital or institution:  
**1718 West 40th**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2**  
In this community **47** years (Specify whether years, months or days)

FILED DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits write "RURAL")  
(d) Street No. **1718 West 40th**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **4**  
year **1940** hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from **Nov. 1 - 1940**  
**1940** to **Nov. 4**, 19**40**  
that I last saw him alive on **Nov. 2**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Coronary Occlusion**  
Due to **arterio-sclerotic heart disease**  
Due to **sanctity**  
Other conditions (include pregnancy within 3 months of death) **95B**

Duration

**7 Day**

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(e) Means of injury **1**

23. Signature **Don Carlos [unclear]** (M. D. or other) \_\_\_\_\_  
Address **531 [unclear]** Date signed **11-5-40**

3. (a) PRINT FULL NAME **Carl August Magnuson**

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

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **marrie**

6. (b) Name of husband or wife **Edla Magnuson** 6. (c) Age of husband or wife if alive **82** years

7. Birth date of deceased **February 17, 1858**  
(Month) (Day) (Year)

8. AGE: Years **82** Months **8** Days **18** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Sweden** **7**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Tailor** **7**

11. Industry or business \_\_\_\_\_

12. Name **Magnus Nelson** **7**

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

14. Maiden name **NO RECORD**

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

16. (a) Informant **Joseph S. Magnuson**

(b) Address **1718 W. 40th**

17. (a) **burial** (b) Date thereof **11-6-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (e) Signature of funeral director **Dates Funeral Home**  
(b) Address **Kansas City, Mo.**

19. (a) **11-5-40** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

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

Don Carlos Pette  
Argyle Bldg  
2-5

**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 I. Ross Blanford

Licensed Embalmer No. 4015

P. O. Address 4148 State St

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

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