

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1418
Registrar's No. 378

Registration District No. 399 Primary Registration District No. 1002

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: Trinity Lutheran Hospital /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 mo (Specify whether
In this community 67 yrs years, months or days)

3. (a) PRINT FULL NAME Fred H. Carlson
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 Married
6. (b) Name of husband or wife Gerda C. Carlson 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased August 18 1873 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>67</u>	<u>5</u>	<u>7</u>	br. min.

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

10. Usual occupation Retired Supt. of Park Dept.

11. Industry or business K.C. Park Dept.

MOTHER FATHER { 12. Name Frank W. Carlson
13. Birthplace Sweden / (City, town, or county) (State or foreign country)
14. Maiden name Christine L. Emanuelson
15. Birthplace Sweden / (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Gerda C. Carlson
(b) Address 4535 Wyoming K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cem.

18. (a) Signature of funeral director Gate Funeral Home
(b) Address Kansas City Kansas
19. (a) Jan 27 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 4535 Wyoming (If rural, give location) 0
(e) If foreign born, how long in U. S. A. ? --- years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 25 year 1941 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from January 5 1941 to January 25 1941; that I last saw him alive on January 25 1941 and that death occurred on the date and hour stated above.

Immediate cause of death
1- Stenosis common duct (Duodenal atony) Duration elo
Due to 2- Gall stones, cholecystitis, etc.
3- Jaundice
Due to 4- Pneumonia Rt. lower lobe
5- Atrophy of pancreas.
Other conditions (Include pregnancy within 3 months of death) 176

PHYSICIAN
Major findings: Gall stones
Of operations ---
Of autopsy eyes.
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) _____
(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 0
23. Signature M. J. Smith (M. D. or other)
Address Trinity Hospital Date signed 1/25/41

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.

RECORDING DEPARTMENT—MAKE A PERMANENT RECORD

1 X 1931

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

L Ross Blanford

Licensed Embalmer No.

4015

P. O. Address

410 State St

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, above space should be left blank.