

FEB 18 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1454

State File No. \_\_\_\_\_

Registration District No. 229

Primary Registration District No. 1002

Registrar's No. 414

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

1. PLACE OF DEATH: **Jackson**  
 (a) County Kansas City  
 (b) City or town \_\_\_\_\_  
 (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 \_\_\_\_\_ (Specify whether)  
 In this community 60 years  
 years, months or days)

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. Salem Home, 3008 Baltimore Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 60 years years.

3. (a) PRINT FULL NAME Mrs. Alma Lindeman  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month January day 27th  
 year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex Female  
 5. Color or race white  
 6. (a) Single, widowed, married, divorced widow  
 6. (b) Name of husband or wife Unknown  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased May 21, 1861  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1936, 19\_\_\_\_, to Jan 27, 1941, 19\_\_\_\_, that I last saw her alive on Jan 26, 1941, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>8</u>	<u>6</u>	_____ hr. _____ min.

Immediate cause of death Pneumonia  
Bronchitis

9. Birthplace Sweden  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation At home

Due to Cerebral Hemorrhage  
 Due to Arterio-sclerosis + Hypertension  
 Other conditions Senile Dementia  
 (Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
 12. Name P. Lundberg  
 13. Birthplace Sweden  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Petronella Johnson  
 15. Birthplace Sweden  
 (City, town, or county) (State or foreign country)

Major findings: 83A  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

16. (a) Informant Victor Lindeman  
 (b) Address 1911 N. 8th, Kansas City, K.  
 17. (a) Burial (b) Date thereof 1-29-1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mt. Moriah  
 18. (a) Signature of funeral director Freeman Mortuary  
 (b) Address 104 West 42nd Street  
 19. (a) Jan 29 1941 (b) M. M. Browne  
 (Data received local registrar) (Registrar's signature)

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 \_\_\_\_\_  
 23. Signature Chas. Lindeman (M. D. or other) \_\_\_\_\_  
 Address 704 R & L Bldg Date signed Jan 27/41

Duration  
4 days  
6 days  
many years  
2 yrs.  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

101, Grand Avenue 170060  
166 W. 10th

Jan - 11:00 To 11:00  
and  
3:00 To 5:00

**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: \_\_\_\_\_

*Clarence H. Chiles*

Licensed Embalmer No. \_\_\_\_\_

*3473*

P. O. Address \_\_\_\_\_

*4 E. Mead*

**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, fact should be so stated above.**