No. 2
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X26390

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. 5463

FILED MAR 16 1942

Registration District No. 3949

Primary Registration District No. 1002

Registrar's No. 984

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: 3249 Warwick (1st floor south) (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: 34 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: JACKSON 48 3

(c) City or town: KANSAS CITY (If outside city or town limits, write "RURAL")

(d) Street No.: 3245 WARWICK BLVD. (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: MRS. ANNA LUNDIN.

3. (b) If veteran, name war: None.

3. (c) Social Security No. ✓

4. Sex: Fe.

5. Color or race: White

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

6. (b) Name of husband or wife: SAM LUNDIN

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

7. Birth date of deceased: APRIL (Month) 19 (Day) 1864 (Year)

8. AGE: Years 77 Months 10 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace: SWEEDEN (City, town, or county) 4 (State or foreign country)

10. Usual occupation: AT HOME

11. Industry or business .....

FATHER 12. Name: NICHOLOS DANIELSON

FATHER 13. Birthplace: SWEEDEN (City, town, or county) 4 (State or foreign country)

MOTHER 14. Maiden name: DONT KNOW

MOTHER 15. Birthplace: SWEEDEN (City, town, or county) 4 (State or foreign country)

16. (a) Informant: Mrs Helen Lundin

(b) Address: 3249 Warwick Kc Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 11-42 (Month) (Day) (Year)

(c) Place: burial or cremation: MT. MORIAH

18. (a) Signature of funeral director: R J Lundeen & Son

(b) Address: 3811 Broadway Kc Mo

19. (a) 3-10-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 9 year 1942 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from March 6 1942 to March 9 1942 that I last saw h. alive on March 9 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Ventricular Fibrillation — Duration

Due to: Myocarditis Chronica — Duration

Due to: Auricular Fibrillation — Duration

Due to: Chronic Myocarditis — Duration

Other conditions: Arteriosclerosis — Duration

(Include pregnancy within 3 months of death)

Major findings: Of operations: 93D

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Leo Goodman (M. D. or other)

Address: 1103 Grand Ave Date signed 3/10/42

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(Licensed Embalmer's Statement on Reverse Side)

Dr. L. Ray Goodman
628 Prog. Bldg.

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 Leon H. Stewart

Licensed Embalmer No. 4177

P. O. Address Kansas City Mo.

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

If this body is not embalmed, fact should be so stated above.