

FILED AUG 19 1942
149

State File No. _____
Registrar's No. 3005

Registration District No. _____

Primary Registration District No. 1002

4838
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson,
(b) City or town Kansas City,
(c) Name of hospital or institution:
4532 Holly
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
In this community over 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson, 48
(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 4532 Holly,
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country C

3. (a) PRINT FULL NAME Mrs. Hannah M. Fredrickson,
3. (b) If veteran, No. _____ 3. (c) Social Security No. NO.
name war _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 7th
year 1942 hour 3:20 minute P. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, Divorced Widowed,
6. (b) Name of husband or wife Andrew Fredrickson, 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased September 19 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from OCT 18 1942 to Aug 7 1942
that I last saw her alive on Aug 7 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
72 10 19/8 hr. min.

Immediate cause of death Cerebral Hemorrhage
Due to arteriosclerosis
Due to hypertension
Other conditions 830
(Include pregnancy within 3 months of death)

9. Birthplace Sweden 4
(City, town, or county) (State or foreign country)
10. Usual occupation at home,
11. Industry or business X

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
12. Name Gustave Carlson,
13. Birthplace Sweden 4
(City, town, or county) (State or foreign country)
14. Maiden name Charlotta
15. Birthplace Sweden, 4
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Hilman E. Hibler,
(b) Address 4532 Holly, Kansas City, Mo.
17. (a) Burial (b) Date thereof 8-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
H.V. LINDSEY & SONS
18. (a) Signature of funeral director Kansas City, Missouri
(b) Address _____
19. (a) 8-10-42 (b) M. M. Brown
(Date 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) Means of injury _____
23. Signature Carroll (M. D. or other) MD
Address 1103 E. 11th Date signed 8/10/42

In from 1 to 4 Sat

Dr. Carl Jackson

1003 E Armour

permitted

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

Roseae Wheeler

Licensed Embalmer No. 3738

P. O. Address *R. H.*

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.