

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23453**
Registrar's No. **3071**

FILED **AUG 19 1942 149**
Registration District No. _____

Primary Registration District No. **1002**

48
8533
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: **Trinity Lutheran**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 months**
In this community **55 years**
(Specify whether 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. **3008 Baltimore**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Miss Mathilda Johnson**
(b) If veteran, name war **No**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **13th** day **August**
year **1942** hour **10** minute **10** M.
21. I hereby certify that I attended the deceased from **August**
1941, to **August 13**, 1942:
that I last saw her alive on **August 12**, 1942
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: **October 26 1861**
(Month) (Day) (Year)

Immediate cause of death **Coronary Failure**
longest
Due to **arteriosclerosis**
senility
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years **30** Months **9** Days **17**
If less than one day _____ hr. _____ min.
9. Birthplace **Sweden**
(City, town, or county) (State or foreign country)
10. Usual occupation **At Home**

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

MOTHER FATHER
11. Industry or business _____
12. Name **Johannes Nelson**
13. Birthplace **Sweden**
(City, town, or county) (State or foreign country)
14. Maiden name **Charlotte Peterson**
15. Birthplace **Sweden**
(City, town, or county) (State or foreign country)

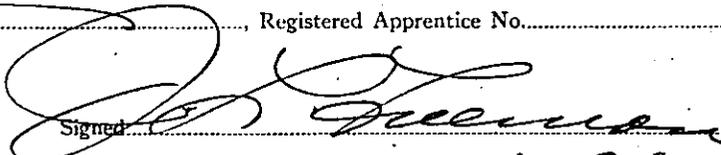
16. (a) Informant **Mrs. Godfrey Swenson**
(b) Address **3427 W. Coleman Road**
17. (a) **Burial** (b) Date thereof **8-15-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Elmwood Cemetery**
18. (a) Signature of funeral director **Freeman Mortuary**
(b) Address **Kansas City, Mo.**
19. (a) **8-14-42** (b) **M. M. Crowe**
(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) (e) Means of injury _____
23. Signature **Carl H. Lindquist** (M. D. or other) _____
Address **704 E. L. Bldg** Date signed **8/14/42**

106 W. 14th St.
St. Paul
11:30-1:30
2:30-5:00

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 .....

Licensed Embalmer No. 2939
P. O. Address 5.0.240

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.