

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

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: 4642 Fairmount  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)

In this community 37 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson <sup>48</sup>

(c) City or town Kansas City <sup>3</sup>  
(If outside city or town limits, write "RURAL") <sup>8</sup>

(d) Street No. 4642 Fairmount  
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM PETER LINDBLOM

3. (b) If veteran, name war None

3. (c) Social Security No. 486-10-1202

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Katrina Lindblom 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased September 21 1877  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>11</u>	<u>0</u>	hr. min.

9. Birthplace No Record Sweden <sup>4</sup>  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Self

12. Name Olson

13. Birthplace No Record Sweden <sup>4</sup>  
(City, town, or county) (State or foreign country)

14. Maiden name Christina ?

15. Birthplace No Record Sweden <sup>4</sup>  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ann Katrina Lindblom

(b) Address 4642 Fairmount

17. (a) Burial (b) Date thereof Aug. 24, 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director John Funeral Home

(b) Address 1901 Olathe Blvd. K. C. Kans.

19. (a) 8-22-42 (b) M. M. Grover  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21 year 1942 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from August 1942 to Aug 21 1942  
that I last saw him alive on Aug 10 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis <sup>Pyration</sup>  
Arteriosclerosis } 3 yrs +  
Coronary Sclerosis  
Cerebral Embolism Aug 1939  
Due to and March 1942

Other conditions PHN  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. S. Wheeler (M. D. or other) MO  
Address 836 Prof Bldg Date signed 8/22/42

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**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 Jimmy S. Huckschou  
(Licensed Embalmer No. 4092)  
P. O. Address V. C. Nanna

**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.**