

JUN 30 1943

Registration District No. 149

Primary Registration District No. 1002

2737

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:  
808 W. 39th Terrace  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 46 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. 808 W. 39th Terrace  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Mr. Carl Lindberg

3. (b) If veteran, name war No

3. (c) Social Security No. 495-01-3092

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

6. (b) Name of husband or wife Alma Lindberg 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased May 29 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>0</u>	<u>15</u>	hr. _____ min.

9. Birthplace Sweden  
(City, town, or county) (State or foreign country)

10. Usual occupation Cabinet maker

11. Industry or business \_\_\_\_\_

12. Name Carl Lindberg

13. Birthplace Sweden  
(City, town, or county) (State or foreign country)

14. Maiden name Margitina Anderson

15. Birthplace Sweden  
(City, town, or county) (State or foreign country)

16. (a) Informant Alma Lindberg

(b) Address 808 W. 39th Terrace

17. (a) Burial (b) Date thereof 6-17-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 6-17-43 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14  
year 1943 hour 11 minute 00 P.M.

21. I hereby certify that I attended the deceased from Oct-15 1943 to June 14 1943  
that I last saw him alive on June 14 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of pancreas  
Duration 9 mos

Due to \_\_\_\_\_

Due to 453

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations Hog

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) (c) Means of injury \_\_\_\_\_

23. Signature Carl H. Smith (M.D. or other) \_\_\_\_\_

Date signed June 15-1943

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

MOTHER FATHER

**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 Walter H. Brown

Licensed Embalmer No. 4352

P. O. Address Kansas City, Mo.

**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.**