

ED JUL 8 1949

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002

Registrar's No. 2842

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Hannas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1608 East 130  
(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 52 Mo (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson <sup>41</sup>

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

(d) Street No. 1608 East 30  
(If rural, give location)

(e) Citizen of foreign country? Sweden (Yes or No)  
If yes, name country 52 yrs

3. (a) PRINT FULL NAME Primus B Lindmark

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Hilda Lindmark

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

7. Birth date of deceased June 9 - 1866  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>0</u>	<u>14</u>	<input checked="" type="checkbox"/> hr. <input checked="" type="checkbox"/> min.

9. Birthplace Sweden <sup>4</sup>  
(City, town, or county) (State or foreign country)

10. Usual occupation Interior Painter

11. Industry or business Self

12. Name Unknown

13. Birthplace Unknown <sup>9</sup>  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown <sup>9</sup>  
(City, town, or county) (State or foreign country)

16. (a) Informant Emil Lindmark

(b) Address 1608 E 30

17. (a) Burial (b) Date thereof June 28-49  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director A. B. Doshler

(b) Address 1415 E 15

19. (a) 6-25-49 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23  
year 1949 hour 6 minute A M.

21. I hereby certify that I attended the deceased from May 19 1943 to June 23 1943  
that I last saw him alive on June 22 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Accumulation of Liver  
Due to 468

Other conditions: (None)  
(Include pregnancy within 3 months of death)

Major findings: (None)  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration ?

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 A. J. Wittberg  
Address 2603 E. 31 - K.C. Mo Date signed 6-23-49

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

MOTHER FATHER

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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..... *K. P. Schler* .....

Licensed Embalmer No..... *1166* .....

P. O. Address..... *1415 E 15* .....

**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.**