

Registration District No. **149**

Primary Registration District No. **1002**

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: **Trinity Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **4 days** (Specify whether)
 In this community **34 years** (years, months or days)

3. (a) PRINT FULL NAME **Mrs. Anna Kristina Svedberg**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. **none**

4. Sex **Female**
 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **October 17 1865**
 (Month) (Day) (Year)

8. AGE: Years **77** Months **7** Days **27**
 If less than one day _____ hr. _____ min.

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

10. Usual occupation **at home**

11. Industry or business _____

MOTHER FATHER
 12. Name **Unknown**
 13. Birthplace **Sweden**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Anderson**
 15. Birthplace **Sweden**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Rev. Victor Spang**

(b) Address **4240 Genessee**

17. (a) **Burial** (b) Date thereof **6-15-43**
 (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) **6-14-43** (b) **J. E. Brown**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **48**
 (a) State **Missouri** (b) County **Jackson** **3**
 (c) City or town **Kansas City** **8**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Salem Home 3008 Baltimore**
 (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **14**
 year **1943** hour **12:20** minute **A.M.**

21. I hereby certify that I attended the deceased from **5-15-1943** to **6-13-1943**
 that I last saw ~~her~~ **him** alive on **6-13-1943**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Recent infection of right kidney** **II** **Duration**
 Due to: **1. Generalized Arteriosclerosis**
2. Chronic Vascular Nephritis
3. Hypertension
4. Fibrous Pleuritis
5. Infection (recent) of kidney

Other conditions (Include pregnancy within 3 months of death)
 Major findings: **3352**
 Of operations: _____
 Of autopsy: **as above** **133**

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) **none**
 (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. E. Brown** (M. D. or other)
 Address **Salem Home** Date signed **6/14-1943**

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.....

P. O. Address.....

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.