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K35697

FILED FEB 10 1944

Registration District No. 177

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH: Jackson

(a) County Kansas City

(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 Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hours
(Specify whether

In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 4516 Belleview
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRED R. BRODEN

3. (b) If veteran, name war No

3. (c) Social Security No. 487-01-8409

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24
year 1944 hour 9: minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Ma 5. Color or race Wh

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

6. (b) Name of husband or wife Alma Broden

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased August 11 1872
(Month) (Day) (Year)

Immediate cause of death Cardiac hemorrhage

8. AGE: Years Months Days If less than one day

71 5 13 _____ hr. _____ min.

Due to _____

Due to _____

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

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

10. Usual occupation Flagman

11. Industry or business K.C. Public Service Co.

MOTHER FATHER { 12. Name Gustav Broden

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

14. Maiden name Kerstin Ericsson

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

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy Autopsy 8:30

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Alma Broden

(b) Address 4516 Belleview

17. (a) Burial (b) Date thereof 1-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director J. M. Wagner
(b) Address Kansas City, Mo.

19. (a) Jan 25 1944 (b) J. E. Brown
(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 [Signature] (M. D. or other) 3
Address _____ Date signed 1/25/44

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

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 Cecil R. Matthes

Licensed Embalmer No. 3807

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.