

FILED MAY 11 1944

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:
4936 COLLEGE AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **55 yrs** 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. **4936 COLLEGE AVENUE**
(If rural, give location)
(e) Citizen of foreign country? **YES** (Yes or No)
If yes, name country **SWEDEN**

3. (a) PRINT FULL NAME **MRS ANNA MATILDA LINDSTROM JOHNSON**

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 **2**

6. (b) Name of husband or wife **John P.** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **OCTOBER 13 1863**
(Month) (Day) (Year)

8. AGE: Years **80** Months **6** Days **2423** If less than one day hr. _____ min.

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

10. Usual occupation **none**

11. Industry or business _____

MOTHER FATHER {
12. Name **JOHN LINDSTROM**
13. Birthplace **SWEDEN**
(City, town, or county) (State or foreign country)
14. Maiden name **UNKNOWN**
15. Birthplace **Sweden**
(City, town, or county) (State or foreign country)

16. (a) Informant **Victor M. Johnson**

(b) Address **4936 College**

17. (a) **Burial** (b) Date thereof **5-9-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **W. H. Newcomer, Sons**

(b) Address **1401 BRUSH CREEK BLYD.**

19. (a) **5-6-44** (b) **J. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **6TH**
year **1944** hour _____ minute **A.M.**

21. I hereby certify that I attended the deceased from **4-25**, 19**44** to **5-6**, 19**44**
that I last saw h. **ex.** alive on **5-5-**, 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Myocarditis** Duration **10 days**

Due to **Arterio-sclerosis**

Due to _____

Other conditions **Arteriosclerosis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **930**

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. E. Brown** (M. D. or other) _____
Address **1102 E 47** Date signed **5-6-44**

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2 of 3 pages - should come out
1-5

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 *A. C. McComer Jr*

Licensed Embalmer No. 4042

P. O. Address K C 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.