No. 2
8-43
7-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 [redacted]

Registration District No. 54

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18263

Primary Registration District No. 5575

Registrar's No. 26

1. PLACE OF DEATH: Jackson

(a) County Kansas City (Rural Washington)

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

(c) Name of hospital or institution: 1125 E. 83rd Terrace (If not in hospital or institution, write street number or location)

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

In this community 45 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 4

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

(d) Street No. 4442 Summit (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME DAVID SAMUEL NORDLING

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Ma

5. Color or race Wh

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

6. (b) Name of husband or wife Hulda O. Nordling

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased November (Month) 23 (Day) 1876 (Year)

8. AGE: Years 67 Months 5 Days 18 If less than one day hr. min.

9. Birthplace New Gottland (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Photographer

11. Industry or business Anderson Photo Co.

FATHER
12. Name Louis Lars Nordling
13. Birthplace (City, town, or county) Sweden (State or foreign country)

MOTHER
14. Maiden name Betty Johnson
15. Birthplace (City, town, or county) Sweden (State or foreign country)

16. (a) Informant Mrs. Hulda O. Nordling

(b) Address 4442 Summit

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-44 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director J. W. Wagner

(b) Address Kansas City, Mo.

19. (a) 5/14/44 (Date received local registrar) (b) Lab R.W. Lindsay Stone Inc. (Registrar's signature)

Dr. Annie Co. Hedge

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month May day 11th year 1944 hour 8: minute 40 A M.

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

Immediate cause of death Cancer of colon Chronic myocardial infarction

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 94a

Of autopsy See form

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M.D. mother)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

JUN 16 1944

16 1944

OCT 19 1945

AUG 7 1946

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. R. Hauschild

Licensed Embalmer No. 4159

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.