

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

Registration District No. 149

Primary Registration District No. 1002

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:  
4008 Terrace  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 50 Yrs. (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4008 Terrace 8  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Alfred Leonard Skonberg

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mathilda Skonberg 6. (c) Age of husband or wife if alive 85 Yrs years  
7. Birth date of deceased December 12, 1855  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27  
year 1944 hour 5:02 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 30, 1944, to June 27, 1944  
that I last saw him alive on June 26, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
88 6 15 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace No Record Sweden 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Self

MOTHER FATHER { 12. Name Skonberg 4  
13. Birthplace No Record Sweden 4  
(City, town, or county) (State or foreign country)  
14. Maiden name No Record  
15. Birthplace No Record Sweden 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mathilda Skonberg  
(b) Address 4008 Terrace

17. (a) Burial (b) Date thereof 6/29/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director John Samuel Stone  
(b) Address Kansas City, Kansas

19. (a) 6-28-44 (b) R. E. Brown  
(Date received local registrar) (Registrar's signature)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions none 830'  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations no  
Of autopsy no

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) no  
(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 J. W. Coffey (M. D. or other) \_\_\_\_\_  
Address J. W. Coffey Date June 28/44

**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..... 3991

P. O. Address..... 309 E. 67

**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.**