

No. 2
M-5-43
5-17-39
X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30106

State File No. _____

FILED SEP 22 1944

Registration District No. 197

Primary Registration District No. 1002

Registrar's No. 3577

1. PLACE OF DEATH:
Jackson
(a) County Kansas City, Missouri
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rerserch Hospital
(If not in hospital or institution, write street number and name)
(d) Length of stay: In hospital or institution 25 Days
In this community 20 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Independence 4
(If outside city or town limits, write "RURAL")
(d) Street No. 1026 West Van Horn 4
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME AXEL C. FRANDSEN
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 2nd
year 1944 hour 5 minute 10 P.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Johanna Frandsen
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased July 16 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 9 1944 to Sept 2nd 1944
that I last saw him alive on Sept 2nd 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 1 Days 6/16
If less than one day hr. _____ min. _____

Immediate cause of death Brain tumor
Duration 1 yr?

9. Birthplace Hjoring D Denmark U
(City, town, or county) (State or foreign country)

Due to ✓
Due to ✓ 562
Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Carptenar

PHYSICIAN
Major findings: Decompression Aug. 18, 1944
Of operations _____

11. Industry or business for self
12. Name Frands Frandsen
13. Birthplace Hjoring Denmark U
(City, town, or county) (State or foreign country)
14. Maiden name Johanna Malsen
15. Birthplace Hjoring Denmark U
(City, town, or county) (State or foreign country)

Of autopsy Brain tumor, acoustic neuroma, benign.
Underline the cause to which death should be charged statistically.

16. (a) Informant Johanna Frandsen
(b) Address 1026 West Van Horn, Indep.
17. (a) Burial (b) Date thereof 9-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cem.

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? _____

18. (a) Signature of funeral director George C. Carson
(b) Address Independence Missouri
19. (a) 9-4-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Frank J. Jackson (M. D. or other) MD
Address 1630 Provencher Bldg Date signed _____

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

OCT 23 1944

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 Lloyd C. Carson
Licensed Embalmer No. Independent
P. O. Address 77 4199

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.