

FILED DEC 4 1944  
Registration District No. **749**

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:  
1310 West 40th Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 37 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jackson

(c) City or town. 1310 West 40th Street  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country. \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Sophia Johanna Holmberg

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. married

6. (b) Name of husband or wife. Robert W. Holmberg

6. (c) Age of husband or wife if alive. 78 years

7. Birth date of deceased. July 2nd 1871  
(Month) (Day) (Year)

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

73	4	13	hr. min.
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9. Birthplace. Kalmar County, Sweden  
(City, town, or county) (State or foreign country)

10. Usual occupation. At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name. Unknown

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. Mrs. Karl O. Peterson

(b) Address. 3456 Penn Street

17. (a) Burial (b) Date thereof. 11-18-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Forest Hill Cemetery

18. (a) Signature of funeral director. Freeman Mortuary

(b) Address. Kansas City, Mo.

19. (a) 11-17-44 (b) H. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15th  
year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Oct 15 to Nov 14 1944  
that I last saw her alive on Nov 14 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death. Myocardial Infarction

Due to... Valvular Heart Pain 6 PM

Due to \_\_\_\_\_

Other conditions. 92  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Carla Jackson (M. D. or other) MD

Address 1102 E. 9th Date signed 11-18-44

*Rec'd Paul Jan  
1103. 11/23/4  
11/24*

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**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 Walter H. Erwin

Licensed Embalmer No. 4352

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.**