

FILED JAN 11 1945

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 5269

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: Research Hospital
(If not in hospital or institution, write street number or location) 1 week
(d) Length of stay: In hospital or institution since 1938 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Anne Sweet,

3. (b) If veteran, name war NO. 3. (c) Social Security No. NO.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Earl R. Sweet 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased October 19 1910
(Month) (Day) (Year)

8. AGE: Years 34 Months 2 Days 3 If less than one day hr. min.

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

10. Usual occupation Housewife,

11. Industry or business X

12. Name Charles A. Lindberg

13. Birthplace Finland (City, town, or county) (State or foreign country)

14. Maiden name Illie Aho (City, town, or county) (State or foreign country)

15. Birthplace Finland (City, town, or county) (State or foreign country)

16. (a) Informant Earl R. Sweet,

(b) Address 321 E. Dartmouth Rd., K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-44 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-26-44 (Date received local registry) (b) D. E. Brown (Registrar's signature)

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. 321 East Dartmouth Road, 8
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country X 7

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22nd
year 1944 hour _____ minute _____ P. M.

21. I hereby certify that I attended the deceased from May 17 1940 to Dec 22 1940
that I last saw her alive on Dec 22 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkins Disease Duration 8 yrs.

Due to _____ 44 yr.

Due to _____

Other conditions Acute Appendicitis
(Include organs) within months of death Acute intestinal obstruction
Major thing of operation operations more than a year ago
Of autopsy eyes - Hodgkins Disease

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 D. E. Brown (M. D. or other) _____

Address 934 Bequa Bed - Date signed Dec 23 44

Let Carl Ferris
prepare Body

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 E. M. Plank

Licensed Embalmer No. 1848

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.