

**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:  
5704 Forest  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
 In this community 57 years  
 (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5704 Forest Ave  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** John E. Josephson  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. None

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Feb day 10  
 year 1945 hour 6:35 minute A M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife unk.  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: December 27 1856  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1944 to Feb 10 1945  
 that I last saw him alive on Feb 9 1945  
 and that death occurred on the date and hour stated above.

**8. AGE:** Years 88 Months 1 Days 13  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Myocarditis  
 Due to Generalized arteriosclerosis  
 Due to \_\_\_\_\_  
 Other conditions Esophageal diverticulum  
 (Include pregnancy within 3 months of death)

9. Birthplace Sweden (City, town, or county) (State or foreign country)  
 10. Usual occupation Retired  
 11. Industry or business R.R. Maintenance Dept.

Major findings:  
 Of operations 932  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**MOTHER** { 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. A. O. Garder  
 (b) Address 5704 Forest  
 17. (a) Burial (b) Date thereof 2-12-45  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Forest Hill Freeman Mortuary

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 \_\_\_\_\_

18. (a) Signature of funeral director Freeman Mortuary  
 (b) Address 104 west 42nd St. K.C. Mo.  
 19. (a) 2-10-45 (b) T. E. Brown (103)  
 (Date received local registrar) (Registrar's signature)

23. Signature T. E. Brown (M. D. or other) \_\_\_\_\_  
 Address 106 W. 10th St. I.C.R. 200 Date signed Feb 10 1945

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

MAR 27 1945

**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.**