

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 3 1945
149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2300
1856
Registrar's No.

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:
General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution hr. (Specify whether)
In this community Fifty Years (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay 24
(c) City or town Liberty 1
(If outside city or town limits, write "RURAL")
(d) Street No. Route #2 2
(If rural, give location)
(e) Citizen of foreign country? No 1 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME VICTOR LINDHOLM
3. (b) If veteran, name war No 3. (c) Social Security No. 492-26-0399

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4 day 24
1945 year hour 9:00 minute 9 M.
21. I hereby certify that I attended the deceased from Coron, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Selma Lindholm 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased December 19 1871
(Month) (Day) (Year)

Immediate cause of death Skull Fracture
Due to Fracture 4th Lumbar Vertebrae
Due to
Other conditions 1862-5
(Include pregnancy within 3 months of death)

8. AGE: Years 73 Months 73 Days 4 If less than one day 5 hr. min.

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Stock Supply Man

11. Industry or business Heckle Bros. Barber & Beauty Supply

12. Name Andrew Lindholm

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

14. Maiden name Don't Know

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

16. (a) Informant Mrs. Selma Marie Lindholm

(b) Address Liberty, Mo Route #2

17. (a) Burial (b) Date thereof 4 / 26 / 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

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

(b) Address 104 West 42nd, Street

19. (a) 4-25-45 (b) Steadline Holmes
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations
Of autopsy No History & Inspection

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 4-24-45

(c) Where did injury occur? 807 Main, Sp. Johnson Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

(Specify type of place)

While at work? no (e) Means of injury Fall

23. Signature Jamie Walker (M. D. or other) Coron
Address 1429 1/2 Main St Date signed 4-24-45

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

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.