S. No. 2
OM—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36301

State File No.

FILED DEC 12 1945

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4856

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

48
3
8

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: Linden Road and 66th St. Ter. 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 47

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3731 Summit 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Esther Rodlun MATTSON

3. (b) If veteran, name war No

3. (c) Social Security No. 491-20-3704

4. Sex Female/

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Olaf Mattson

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

7. Birth date of deceased April (Month) 5 (Day) 1884 (Year)

8. AGE: Years 61 Months 7 Days 17 If less than one day hr. min.

9. Birthplace Wilmer (City, town, or county) Minn. 1 (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Pecks Dry Good Co.

FATHER
12. Name Lewis Rodlun
13. Birthplace no record (City, town, or county) Sweden 4 (State or foreign country)

MOTHER
14. Maiden name Cecelia Bjelkengren
15. Birthplace no record (City, town, or county) Sweden 4 (State or foreign country)

16. (a) Informant Edward Rodlun
(b) Address Minneapolis, Minn

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/45 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Pk. Cem.

18. (a) Signature of funeral director Gates Funeral Home
(b) Address Kansas City, Kans.

19. (a) 11-26-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22 nd year 1945 hour 1 minute 40 P.M.

21. I hereby certify that I attended the deceased from CORONER, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Skull Fracture, crushed chest, Fractured pelvis	
Due to: Auto & truck Traumatism	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 1.8 70 C 2.2
Of autopsy no
History & Inspection

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) accident
(b) Date of occurrence 11-22-45 123
(c) Where did injury occur? KC, Jackson 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 auto & Truck

23. Signature James Walker (M.D. ~~or other~~) by Coroner
Address 1421 prof Bldg Date signed 11-23-45

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 2999 EC

P. O. Address.....

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.