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ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 11 1946

State File No. 1462

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 450

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: Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 days (Specify whether
In this community 42 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 999

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

(d) Street No. 2602 West 43rd Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME JOHN HOLMBERG

3. (b) If veteran, name war xx no.

3. (c) Social Security No. 513-09-1009

4. Sex Male

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alma V. Holmberg

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July (Month) 18 (Day) 1871 (Year)

8. AGE: Years 74 Months 6 Days 7 If less than one day hr. min.

9. Birthplace Sweden 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Employee

11. Industry or business Cudahy Packing Co.

FATHER
12. Name No Record
13. Birthplace Sweden 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace Sweden 4
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene Holmberg
(b) Address 5147 Norton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-46 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City, Mo.

19. (a) 1-28-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25th year 1946 hour 1: minute 10 A. M.

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

Immediate cause of death Hemoperitoneum

Due to Massive Carcinomatosis of the Liver

Due to Carcinoma of the Stomach

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 46 b
Of autopsy above

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Jack H Hill (M. D. or other) M.D.
Address Trinity Lutheran Hosp. Date signed 25 Jan 46

(Licensed Embalmer's Statement on Reverse Side)

11-4603

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 Alvin R Hauschild

Licensed Embalmer No. 4159

P. O. Address Kansas City

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.