

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20369**
Registrar's No. **2450**

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:
On 31st Street opposite 1317 E. 31st.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **none**
In this community **41 years**
years, months or days (Specify whether)

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. **Princeton Hotel, 3241 Paseo 0**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Wilbur Emanuel LINDBERG**
(b) If veteran, name war **no**
(c) Social Security No. **491-20-6901**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **1**
year **1946** hour **4** minute **A.M.**

4. Sex **male 0** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **single 0**
6. (b) Name of husband or wife **none**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **December 25 1904**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.
Immediate cause of death **Respiratory Coronary**
Aspiration Pneumonia
Due to **acute alcoholism**

8. AGE: Years **41** Months **5** Days **6**
If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace **Kansas City Missouri 0**
(City, town, or county) (State or foreign country)
10. Usual occupation **Order Clerk**
11. Industry or business **Retail Coal Company**

Major findings: Of operations _____
Of autopsy **See above**
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? _____

MOTHER FATHER { 12. Name **Axel J. Lindeberg**
13. Birthplace **Unknown Sweden 4**
(City, town, or county) (State or foreign country)
14. Maiden name **Ida Bell W. Holmberg**
15. Birthplace **Des Moines Iowa 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Clifford E. Lindeberg**
(b) Address **3241 Paseo, K. C., Mo.**
17. (a) **Burial** (b) Date thereof **6-4-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Forest Hill**
18. (a) Signature of funeral director **Melody-McGilley-Eylar**
(b) Address **1800 E. Linwood Blvd.**

19. (a) **6-3-46** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

23. Signature **A. E. Upsher** (M. D. of other) **M.D.**
Address **2800 Main** Date signed **6/27/46**

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

19242

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.....

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.