

**FILED DEC 31 1946**

Registration District No. **199**

Primary Registration District No. **1002**

Registrar's No. **5305**

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: **ST. JOSEPH HOSPITAL**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1-DAY** (Specify whether  
 In this community **40 YEARS** 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. **614 SPRUCE AVENUE**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **MRS MAE NORDBERG**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **none**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **MR. CARL NORDBERG** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **SEPTEMBER - 5 - 1891**  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>55</b>	<b>3</b>	<b>11</b>	hr. min.

9. Birthplace **ETHEL MISSOURI**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business \_\_\_\_\_

12. Name **JAMES WHITE**

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

14. Maiden name **MARTHA SUMMERS**

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

16. (a) Informant **MRS BRYANT MEEHAN**

(b) Address **614 SPRUCE AVENUE**

17. (a) **BURIAL** (b) Date thereof **DEC-19-1946**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **M. MORIAH CEMETERY**

18. (a) Signature of funeral director **D. W. Newcomer's Sons**

(b) Address **1401 BRUSH CREEK BLYD.**

19. (a) **12-18-46** (b) **Geraldine Holmes**  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC.** day **16<sup>TH</sup>**  
 year **1946** hour **3** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **16 Dec 1946** to **16 Dec 1946**  
 that I last saw him alive on **16 Dec 1946**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Central Apoplexy** Duration **2 hrs**

Due to **Hypertension** 1 yr

Other conditions (Include pregnancy within 3 months of death) **036**

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? (Specify type of place) (c) Manner of injury \_\_\_\_\_

23. Signature **[Signature]** (M. D. or \_\_\_\_\_)  
 Address **[Address]** Date **19 Dec 46**

**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 *Melvin Miller*

Licensed Embalmer No. *4407*

P. O. Address *K.C., 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.**