No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24245

FILED AUG 13 1947

Registration District No. 1947

Primary Registration District No. 1002

Registrar's No. 3239

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

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: 4133 Wyoming
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community: 50 Years
years, months or days)

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.: 4133 Wyoming 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: AUGUST JOSEPHSON

3. (b) If veteran, name war: No

3. (c) Social Security No.: 490-16-0061-A

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed 2

6. (b) Name of husband or wife: Mamie A. Josephson

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

7. Birth date of deceased: Jan. 17, 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	6	14	..... hr. ..... min.

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

10. Usual occupation: Machinist

11. Industry or business

FATHER
12. Name: Joseph Anderson
13. Birthplace: Sweden 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Sweden 4
(City, town, or county) (State or foreign country)

16. (a) Informant: Elmer A. Josephson
(b) Address: Turlock, California

17. (a) Burial (b) Date thereof: 8-2-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park

18. (a) Signature of funeral director: Freeman Mortuary
(b) Address: Kansas City, Missouri

19. (a) 8-1-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1947 hour 7 minute 55 A.M.

21. I hereby certify that I attended the deceased from 25 years, 19..., to 7-31, 1947
that I last saw him alive on 7-31, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral apoplexy	2 days
Due to: Hemiplegia - Rt	2 hours
Due to: Hemiplegia - Left	2 weeks
Other conditions: — (Include pregnancy within 3 months of death)	

Major findings:
Of operations: — 83a
Of autopsy: —

PHYSICIAN
Underline the cause of 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: — 0

23. Signature: J W Hawley (M. D. or other)

Address: 6 E - Heater Bldg Date signed: 8/1/47

Jefferson City Printing Co.

(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 J. S. Freeman

Licensed Embalmer No. 2939

P. O. Address F. O. Wyo.

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.