

FILED MAY 7 1948
Registration District No. 179

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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution, one week
(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., 2920 Askew 8
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Erick Lind

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

3. (c) Social Security No. None

4. Sex, Male 0 5. Color or race, White

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

6. (b) Name of husband or wife, Mrs. Anna Lind

6. (c) Age of husband or wife if alive, 76 years

7. Birth date of deceased, December 9th, 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	4	12	hr. min.

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

10. Usual occupation, Contractor & Builder

11. Industry or business.....

12. Name, Unknown

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

14. Maiden name, Unknown

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

16. (a) Informant, Mrs. Anna Lind

(b) Address, 2920 Askew Ave.

17. (a) Burial (b) Date thereof, 4-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation, Floral Hills

18. (a) Signature of funeral director, Freeman Mortuary

(b) Address, Kansas City, Missouri

19. (a) 4-13-48 (b) St. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month, April day, 21st.
year, 1948 hour..... minute..... M.

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

Immediate cause of death.....
Chronic Myocardial Infarction
Dilated Coronary Myocarditis
Coronary Sclerosis chr

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy, about 93%

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..... (a) Means of injury.....

23. Signature, Russell (M. D. or other)
Address, St. Joseph Hospital Date signed, 21 Apr 48

PHYSICIAN
Underline the cause of which death should be charged statistically.

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

57308

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 Willis N. Bennett

Licensed Embalmer No. 4438

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.