

No. 300
-10-47
-17-39
PI 3908

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED AUG 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

3163

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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: 3761 Wayne
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 56 years (Specify whether years, months or days)

In this community 56 years

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. 3761 Wayne
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Josephine Josephson

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st.
year 1948 hour _____ minute _____ M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: September 25th, 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan - 1 - 1947 to Aug - 1 - 1948
that I last saw her alive on July 31 and that death occurred on the date and hour stated above.

8. AGE: Years 88 Months 10 Days 6 If less than one day hr. _____ min. _____

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

Immediate cause of death: Myocardial Insufficiency Duration 4 months

Due to Generalized Arteriosclerosis 10 yrs

Due to Ch. Nephritis 8 yrs

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown 13. Birthplace Sweden

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

Major findings: Of operations 13/0

Of autopsy _____

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Ruth Josephson

(b) Address 3761 Wayne Ave.

17. (a) Burial (b) Date thereof 8-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery
Freeman Mortuary

18. (a) Signature of funeral director Kansas City, Missouri

(b) Address _____

19. (a) 8-3-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 106 W 14 St K.C. Mo Date signed 8/2/48

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

106-14
3 to 4:30 (Mm)

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 V. Bennett*

Licensed Embalmer No. *4438*

P. O. Address *A. 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.