

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30577**  
**3633**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3633</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>75 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas</u>		75		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4008 Terrace</u>				d. STREET ADDRESS (If rural, give location) <u>4008 Terrace</u>				
3. NAME OF DECEASED (Type or Print) <u>MATILDA</u>			a. (First)		b. (Middle)		c. (Last) <u>SKONBERG</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 19 1949</u>		
8. DATE OF BIRTH <u>6/30/1859</u>		9. AGE (In years last birthday) <u>90 yrs.</u>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 2 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		11. BIRTHPLACE (State or foreign country) <u>Sweden</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>---</u>		
13a. FATHER'S NAME <u>Nile Erickson</u>			13b. MOTHER'S MAIDEN NAME <u>---</u>			14. NAME OF HUSBAND OR WIFE <u>Alfred L. Skonberg</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>N.C. X</u> <u>Miss Ellen &amp; Miss Jennie Skonberg</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>451X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Nov 28</u> , 19 <u>48</u> , to <u>Aug 19</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov 18</u> , 19 <u>49</u> , and that death occurred at <u>9 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J. W. Grauerholz M.D.</u>				23b. ADDRESS <u>3527 Broadway Kansas City, Mo.</u>		23c. DATE SIGNED <u>8/19-49</u>		
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 22, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY. <u>Mt. Moriah Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8-23-49</u>		REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gates Funeral Home</u>		ADDRESS <u>N.C. X</u>		

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

Dr. Frank Holtz  
3527 Broadway

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Jimmy S. Wechsler*  
Licensed Embalmer No. *4892*

P. O. Address *Mission Hill*

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.