

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28693**
4073

FILED SEP 11 1953

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 4073
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City 3498		
c. LENGTH OF STAY (in this place) 5 yrs.		d. STREET ADDRESS (If rural, give location) 44 Salem Home-3008 Baltimore		
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hosp.				
3. NAME OF DECEASED (Type or Print) Betty		a. (First) Anderson	b. (Middle)	c. (Last) Johnson
4. DATE OF DEATH Aug. 17, 1953				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 18, 1868	9. AGE (In years last birthday) 85 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Agummaryd Krovoh, Sweden	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Anderson		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE August Johnson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Chas. Peterson Garfield, Kansas	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia INTERVAL BETWEEN ONSET AND DEATH 7 day. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)		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 Jan 1952 , to Aug 16, 1953 , that I last saw the deceased alive on Aug 16, 1953 , and that death occurred at 11:30 m., from the causes and on the date stated above.				
23a. SIGNATURE Carl N. Lindquist (Degree or title)		23b. ADDRESS 106 W 14th		23c. DATE SIGNED 8-17-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/18/53	24c. NAME OF CEMETERY OR CREMATORY Memorial Pk. Cemetery	
24d. LOCATION (City, town, or county) (State) Kansas City, Ks.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. F. Porter Kansas City, Ks.		
DATE RECD BY LOCAL REG. 8-17-53		REGISTRAR'S SIGNATURE Seraldine Smith		

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Chas H. Rider

Licensed Embalmer No. 3404

P. O. Address 19th & Minnesota K.C. K

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.