REC'D SEP 13 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27980
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson — Registration District No.

(b) Township Kaw — Primary Registration District No. — Registered No. 3291

(c) City Kansas City — (d) Street No. 3415 Bellefontaine St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edward Sandberg 531

(a) Residence, No. 3415 Bellefontaine St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Sandberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 12, 1865

7. AGE: YEARS 73 — MONTHS 2 — DAYS 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Stationery Engineer
9. Industry or business in which work was done, as saw mill, bank, etc.: Mid Central Fish Company
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

FATHER
13. NAME: Carl Sandberg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

MOTHER
15. MAIDEN NAME: Bundla Dahlgren
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

17. INFORMANT (ADDRESS): Mrs. Mary Sandberg (Wife) 3415 Bellefontaine, Kansas Cy., Mo.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Memorial Park Cem.
PLACE Kansas City, Mo. DATE Aug. 20, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Stine & McClure, Kansas City, Missouri

20. FILED Aug 19, 1938 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1938, to Aug 18, 1938
I last saw him alive on Aug 18, 1938. Death is said to have occurred on the date stated above, at P. m. 3:45
The principal cause of death and related causes of importance were as follows:

Carcinoma of bladder — Date of onset

5 1/2

Other contributory causes of importance: Prostatectomy 5 yrs ago.

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. J. Davis, M. D.
(Address) 1010 Professional Bld

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PLAINLY WITH ON ABOVE INK—THIS IS A PERMANENT RECORD

X14028

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.