

APR 12 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1262

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:
4337 Holly Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution -----
(Specify whether
In this community 25 Years
years, months or days)

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. 4337 Holly Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 53 YRS. years.

3. (a) PRINT FULL NAME Mrs. Matilda Soderberg Anderson

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. August Anderson 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased September 23 1851
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 5 28 hr. min.

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

10. Usual occupation At Home

11. Industry or business -----

12. Name August Soderberg

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

14. Maiden name Unknown

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

16. (a) Informant Louis Anderson

(b) Address 4337 Holly

17. (a) Burial (b) Date thereof Mar. 23, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen Cemetery Ft. Scott, Kansas

18. (a) Signature of funeral director O. M. Newcomer, Son.

(b) Address 1401 Brush Creek Blvd.

19. (a) Mch 22, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st
year 1940 hour 2 minute 05 A. M.

21. I hereby certify that I attended the deceased from Jan 1, 1940 to Mar 21, 1940
that I last saw her alive on Mar 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death General Senescence Duration 10 hrs

Due to Antenatal disease

Due to -----

Other conditions Selloff the stroke causing
(Include pregnancy within 3 months of death)
laceration of scalp

Major findings: Of operations -----

Of autopsy no autopsy

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 Thom J. Jones (M. D. or other)
Address Kansas City Mo. Date signed 3/21/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1107. Blyant Bldg
2-5-

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 *A C Newcomer*

Licensed Embalmer No. *4043*

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, above space should be left blank.