

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1300

1. PLACE OF DEATH: Jackson

(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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. & 19 days
(Specify whether)

In this community Life
years, months or days

3. (a) PRINT FULL NAME Roy P. Bredberg, Sr. 631

8. (b) If veteran, name war No

8. (c) Social Security No. No

4. Sex Male race White

5. Color or divorced Married

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

6. (b) Name of husband or wife Jennie Bredberg alive 48 years

6. (c) Age of husband or wife if

7. Birth date of deceased September 24 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

49	6	0	hr.	min.
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9. Birthplace Unknown Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Meat Cutter

11. Industry or business Sembler

MOTHER FATHER

12. Name Benedict Bredberg 7

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

14. Maiden name Christina Johnson 7

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

16. (a) Informant's own signature Mrs. Jennie Bredberg

(b) Address 701 Brighton

17. (a) Burial (b) Date thereof March 26, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director D. H. Newcomer

(b) Address 1401 Brush Creek Blvd.

19. (a) Mch 26, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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. 701 Brighton
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24th
year 1940 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from 2-5- 1940 to 3-24-40, 19____
that I last saw him alive on 3-24-40, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral pulmonary tuberculosis
Chronic vascular nephritis
Chronic passive congestion of liver
Varicose ulcers

Due to See above

Other conditions See above
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: See above

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

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 See above

23. Signature P. H. DeMoraes (M. D. or other) 3-25-40
Address Supt. K.C. Gen. Hospital Date signed _____

MARGIN RESERVED FOR BINDING

50M-5-17-39
Rev. 5-17-39
1 x 19511

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

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

K.C. Neuman Jr.

Licensed Embalmer No.

4945

P. O. Address

K.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.