

JUL 15 1940  
Registration District No. **07399**

Primary Registration District No. **1002**

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

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: **Trinity Lutheran Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **10 days**  
(Specify whether)  
 In this community **61 Yrs**  
years, months or days

3. (a) PRINT FULL NAME **Charles I. Carlson** **642**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

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

6. (b) Name of husband or wife **Hulda Carlson** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **Nov 9 1864**  
(Month) (Day) (Year)

8. AGE: Years **75** Months **7** Days **16** If less than one day  
hr. min.

9. Birthplace **Sweeden**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Grocer**

11. Industry or business **Self**

12. Name **August Johnson**

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

14. Maiden name **Hedda Peterson**

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

16. (a) Informant **C. Leroy Carlson**

(b) Address **25 W 66 Terr.**

17. (a) **Burial** (b) Date thereof **6/28/1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Elmwood**

18. (a) Signature of funeral director **Mrs. C.L. Forsters**

(b) Address **918 Brooklyn**

19. (a) **June 27, 1940** (b) **M. M. Grome**  
(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. **3110 Washington**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? **61 yrs** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **25<sup>th</sup>**  
 year **1940** hour **4:10** minute **A** M.

21. I hereby certify that I attended the deceased from **Jan 1940** to **June 25 1940**  
 that I last saw him alive on **June 24 1940**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis** **67 mos**  
 Due to **Hypertension** **23 yrs**  
 Due to **Chr. arteriosclerotic nephritis** **23 yrs**  
 Other conditions **131**

Major findings: Of operations \_\_\_\_\_  
 Of autopsy **Myocardial degeneration Cerebral Sclerosis**  
 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 **Carl F. Ernst** (Specify type of place) (e) Means of injury **!**  
 23. Signature **Carl F. Ernst** (M. D. or other)  
 Address **106 W 14<sup>th</sup> St** Date signed **6/25/40**

op. 101

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**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 *Raymond C. Browning*

Licensed Embalmer No. 2724

P. O. Address *A. E. M. O.*

**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.**