

No. 2
-13-40
17-39
X23159

Registration District No. **395**

Primary Registration District No. **100**

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

1. PLACE OF DEATH: **Jackson**
 (a) County **Kansas City**
 (b) City or town **Kansas City**
 (c) Name of hospital or institution **Salem Home**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In **hospital** or institution **35 Years**
 In this community **35 Years**
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Frank B. Danielson**
 3. (b) If veteran, name war **No.**
 3. (c) Social Security No. **None**

4. Sex **Male**
 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Single**
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Oct. 8, 1854**
 (Month) (Day) (Year)

8. AGE: Years **86** Months **7** Days **22**
 If less than one day _____ hr. _____ min.

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

10. Usual occupation **Carpenter**

11. Industry or business **Car Repairer**

12. Name **Andrew Danielson**

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

14. Maiden name **Dont know**

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

16. (a) Informant **Mrs. Arvid L. Frank**

(b) Address **Tucson, Ariz.**

17. (a) **FBurial Hill** (b) Date thereof **6/2/41**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **104 West 42nd Street**

19. (a) **June 1, 1941** (b) **M. H. Brown**
 (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. **3008 Baltimore**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **30**
 year **1941** hour **19:30** minutes **AM**
 21. I hereby certify that I attended the deceased from **April 7**, 19**41**, to **May 30**, 19**41**
 that I last saw him alive on **May 27**, 19**41**
 and that death occurred on the date and hour stated above

Immediate cause of death **Cerebral thrombosis**
 Due to **arterio-sclerosis**
 Due to **83 B 83A**
 Other conditions **none**
 (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: **no operation**
 Of operations _____
 Of autopsy **none**

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) **no**
 (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 **M. H. Brown** (M. D. or other) _____
 Address **Parisus City** Date signed **May 31-1941**

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

Clarence W. Chelis

Licensed Embalmer No. *3473*

P. O. Address *76 E 760*

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.