

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:
728 East Gregory Blvd. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 45 Years
years, months or days)

3. (a) PRINT FULL NAME Henry A. Axene
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 Married
6. (b) Name of husband or wife Otilia Axene 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased March 31st 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 25 4
If less than one day ..hr.min.

9. Birthplace Ostergotland Sweden 4
(City, town, or county) (State or foreign country)

10. Usual occupation Tailor

11. Industry or business retired

MOTHER FATHER { 12. Name Anders Wilhelm Anderson
13. Birthplace Sweden 4
(City, town, or county) (State or foreign country)
14. Maiden name Louisa Noistedt
15. Birthplace Sweden 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Otilia Axene
(b) Address 728 East Gregory Blvd

17. (a) Burial (b) Date thereof 11/28/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Freeman Mortuary
(b) Address 104 West 42nd street

19. (a) 11-27-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL.") 8
(d) Street No. 728 East Gregory Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 25
year 1942 hour 11 minute 45 M.
21. I hereby certify that I attended the deceased from Oct 15, 1942, to Nov 25, 1942
that I last saw him alive on Nov 25 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to 92B

Other conditions Myocardial Sclerosis 2 mths
(Include pregnancy within 5 months of death)

Major findings:
Of operations
Of 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 Outa Jackson (M. D. or other)
Address 1103 E. Crown Date signed 11/26/42

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

*W. Carl Jackson
1960
J. S. P. in H. S.*

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 H. Chiles.....

Licensed Embalmer No. 3473.....

P. O. Address 76 E. 2nd St......

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.