

X32873

FILED AUG 14 1943 149
Registration District No. **149**

Primary Registration District No. **1002**

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

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: **4535 Washington /**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **56 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **48**
 (a) State **Missouri** (b) County **Jackson 3**
 (c) City or town **Kansas City 8**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **4535 Washington**
 (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **Axel Theodore Carlson**
 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 **Mrs. Lina Carlson** 6. (c) Age of husband or wife if alive **77** years
 7. Birth date of deceased **March 7, 1865**
 (Month) (Day) (Year)

8. AGE: Years **78** Months **5** Days **0** If less than one day hr. min.

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

10. Usual occupation **Retired City Park Board**

11. Industry or business **Employee**

12. Name **C. J. Carlson**

13. Birthplace **Sweden 4**
 (City, town, or county) (State or foreign country)

14. Maiden name **Don't Know**

15. Birthplace **Sweden 4**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lina Carlson**

(b) Address **4535 Washington**

17. (a) **Burial** (b) Date thereof **8-9-43**
 (Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(b) Address **Kansas City, Missouri**

19. (a) **8-7-43** (b) **J. E. Brown**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Aug** day **7** year **1943** hour **8** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **March 1943 to Aug 1943**
 that I last saw him alive on **Aug 5 1943**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral arteriosclerosis 57+**
Generalized arteriosclerosis 10+

Due to **Cerebral arteriosclerosis 57+**
Generalized arteriosclerosis 10+

Due to **Cerebral arteriosclerosis 57+**
Generalized arteriosclerosis 10+

Other conditions **Cerebral arteriosclerosis - 23 years**
 (Include pregnancy within 6 months of death)

Major findings: **83+**
 Of operations **83+**

Of autopsy **83+**

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 **J. E. Brown** (M. D. or other) **Aug 7 1943**
 Address **106 W. 14th St.** Date signed **Aug 7 1943**

Duration
57+
10+
23 years
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

Th. Cole Burdick

H. E. P. & S.

14 2nd & 1st St. Kansas

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 *Walter H. Corwin*

Licensed Embalmer No. *4352*

P. O. Address *Kansas City, 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, fact should be so stated above.