

Registration District No. 14

Primary Registration District No. 4029

State File No. _____

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Minden Mines
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether)
In this community 25 years
years, months or days

3. (a) PRINT FULL NAME J. E. SANDEEN

3. (b) If veteran, name war NO
3. (c) Social Security No. 511-10-0731

4. Sex Male
5. Color of race White
6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Katharena Sandeen
6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased 5-6-1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 3 Days 2
If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Jonas Sandeen

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

14. Maiden name Katharena Johnson

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

16. (a) Informant Mrs Katharena Sandeen

(b) Address Minden Mines Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-10-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director John L. Ferisickel
(b) Address Frontiaco, Kan.

19. (a) Aug 16 1943 (Date received local registrar) (b) Blanche Sackitt (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barton
(c) City or town Minden Mines
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. 38 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 8
year 1943 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from Dec 1st, 1941, to Aug 8-, 1943
that I last saw him alive on Aug 7th, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart disease Duration 1 1/2 years

Due to _____

Due to _____

Other conditions. (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

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 _____

23. Signature C H Jain (M. D. or other)

Address Pittsburg, Kan. Date signed 8/13/43

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

RECEIVED

District Health Officer No. 6,

District File Number 443-1062

Date Filed 9-13-43

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.....

John C Friskel

Licensed Embalmer No. 1775

P. O. Address Frontenac Kans

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.