S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 2 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9254
Registrar's No. 1342

Registration District No. 149 Primary Registration District No. 1002

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: K.C. Tuberculosis Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (specify whether years, months or days)
In this community 30 years

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.: 3115 Kensington (If rural, give location)
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country: SWEDEN

3. (a) PRINT FULL NAME: ALMA ELIZABETH ANDERSON
3. (b) If veteran, name war: No
3. (c) Social Security No.: none
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: MR AXEL B. ANDERSON
6. (c) Age of husband or wife if alive: -- years
7. Birth date of deceased: Feb. (Month) 4 (Day) 1886 (Year)
8. AGE: Years 60 Months 1 Days 28 If less than one day hr. min.
9. Birthplace: (City, town, or county) Sweden (State or foreign country)
10. Usual occupation: cook
11. Industry or business:
MOTHER FATHER
12. Name: Andrew B. Lomgreen
13. Birthplace: (City, town, or county) Sweden (State or foreign country)
14. Maiden name: Caroline Jacobson
15. Birthplace: (City, town, or county) Sweden (State or foreign country)
16. (a) Informant: K.C. Tuberculosis Hospital
(b) Address: K.C. Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: MAR 21 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: FLORAL HILLS CEMETERY
18. (a) Signature of funeral director: O.A. Newcomer's Sons
(b) Address: 1401 BRUSH CREEK BLVD.
19. (a) 3-20-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th year 1946 hour 8 minute 50 P.M.
21. I hereby certify that I attended the deceased from March 9, 1946 to 3-17, 1946 that I last saw her alive on 3-17, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary tuberculosis	2 yrs +
Due to	
Due to	
Other conditions: Diabetes mellitus (Include pregnancy within 3 months of death)	?

Major findings:
Of operations:
Of autopsy: 13 B

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: Robert T. Lamar (M. D. or other) MD
Address: K.C. Tbc. Hosp. Date signed 3/17/46

(Licensed Embalmer's Statement on Reverse Side)

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.....Emile M. Calhoun.....

Licensed Embalmer No.....3506.....

P. O. Address.....KC 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.