

FILED JUN 24 1946

State File No. _____

Registration District No. 102

Primary Registration District No. 4298 5684

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Rural Clay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community 20 years
years, months or days)

3. (a) PRINT FULL NAME ANNA LOUISE AXELSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John J. Axelson 6. (c) Age of husband or wife if alive Dec 5

Birth date of deceased: Sept 15 1855
(Month) (Day) (Year)

8. AGE: Years 90 Months 8 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Palaon

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

14. Maiden name W. Westman

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

16. (a) Informant: J. B. Johnson

(b) Address Meadville Mo.

17. (a) Burial (b) Date thereof May 28, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Meadville, Cem

18. (a) Signature of funeral director W. B. Stoupe

(b) Address Ledley Linn Co., Mo.

19. (a) May 29, 1946 (b) Mrs Ruth Kelley
(Date registered) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58

(c) City or town Meadville, Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) _____

(e) Citizen of foreign country? yes (Yes or No)

If yes, name country Sweden

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 26
year 1946 hour 9:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from 4/10 1946 to 5/26 1946

that I last saw him alive on 5/26 1946

and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cardiac Decomposition

Due to Cerebral Apoplexy

Due to _____

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

Major findings: Of operations _____

Of autopsy g30

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 2

23. Signature W. B. Stoupe (M. D. or other) MD
Address Linneus, Mo Date signed 5/27

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

13785

8

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..... *W. G. Thaine*

Licensed Embalmer No. *2876*

P. O. Address *La Crosse, 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.