

FILED DEC 4 1946

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: Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Days
(Specify whether
50 Years years, months or days)

3. (a) PRINT FULL NAME GODFREY SWENSON

3. (b) If veteran, name war No 3. (c) Social Security No. 495-03-3273

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Hannah Swenson 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased April 18th 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 1 If less than one day hr. min.

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

10. Usual occupation Building Contractor

11. Industry or business Swenson Construction Co.

12. Name Sven Swenson

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

14. Maiden name Christine Sophia Johnson

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

16. (a) Informant Mrs. Hanah Swenson

(b) Address 1919 Olathe Blvd.

17. (a) Burial (b) Date thereof 11 - 21 - 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Mausoleum

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd, St. Kansas City, Mo.

19. (a) 11-20-46 (b) Steraldine Holmes
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1919 Olathe Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19th.
year 1946 hour minute M.

21. I hereby certify that I attended the deceased from _____, 19____;

that I last saw him alive on _____, 19____;
Pathologist
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac dilatation

Due to Myocardial Infarction

Due to Coronary atherosclerosis with Thrombosis

Other conditions Pulmonary Infarction
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy above

22. If death was due to external causes, fill in the following:

(c) 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 _____

Signature Jacob Trull (M. D. or other) M. D.

Address Trinity Lutheran Hosp. Date signed 19 Nov 46

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

MOTHER FATHER

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. Erwin
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.