No. 300
10.48

FILED MAY 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12249

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1686

1

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 63 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1221 EAST 45th STREET

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 1221 EAST 45th STREET

3. NAME OF DECEASED (Type or Print): a. (First) FREDA b. (Middle) E c. (Last) SWENSON
4. DATE OF DEATH (Month) (Day) (Year): APR. 12, 1954
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: FEB. 28, 1875
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MANAGER
10b. KIND OF BUSINESS OR INDUSTRY: EMERY-BIRD-THAYER TEA ROOM
11. BIRTHPLACE (City and State or Foreign Country): SWEDEN 4
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: CARL A. CLISTE
13b. MOTHER'S MAIDEN NAME: MARIE LUNDEREN
14. NAME OF HUSBAND ~~OR WIFE~~: CARL SWENSON - DECEASED
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 487-01-7402
17. INFORMANT'S SIGNATURE OR NAME: MRS. GERTRUDE WHITEHILL - KANSAS CITY, MISSOURI — ADDRESS: 1221 EAST 45th STREET

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Large abdominal Malignant tumor — INTERVAL BETWEEN ONSET AND DEATH: 4 Months (Known)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Primary site not known.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
1.) Bronchopneumonia 1991 — 2 days
2.) Pulmonary edema
3.) Arteriosclerotic Heart disease — 4 Mos. Known

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 17 Dec, 1953, *to* 12 April, 1954, *that I last saw the deceased alive on* 11 April, 1954, *and that death occurred at* 10:05 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Philip G. Kaul (Degree or title): MD
23b. ADDRESS: 411 Nichols Rd. K.C., Mo.
23c. DATE SIGNED: 13 April 54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: APR. 14, 1954
24c. NAME OF CEMETERY ~~OR CREMATORY~~: ELMWOOD CEMETERY
24d. LOCATION (City, town, or county) (State): KANSAS CITY, MISSOURI

DATE REC'D BY LOCAL REG.: 4-14-54
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: D. W. Newcomer's Sons — ADDRESS: 1331 BRUSH CREEK BLVD KANSAS CITY, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed, Albert L. Savage.....

Licensed Embalmer No. 481

P. O. Address Kansas C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.