

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33419**
Registrar's No. **4440**

FILED NOV 1 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY **Jackson** 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City** c. LENGTH OF STAY (in this place) **50 yrs.** c. CITY OR TOWN **Kansas City** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **3800 Block on Prospect Av. ADD. 3833 Prospect** STREET ADDRESS (If rural, give location) **3810 montgall**

3. NAME OF DECEASED a. (First) **Alfred** b. (Middle) _____ c. (Last)* **MOLANDER** 4. DATE OF DEATH (Month) (Day) (Year) **10-16-1955**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **2-5-1879** 9. AGE (in years last birthday) **76** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 14 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Ret; Yard Man** 10b. KIND OF BUSINESS OR INDUSTRY **Armour & Co.** 11. BIRTHPLACE (City and State or Foreign Country) **Blekinge, Sweden** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Nels Nelson** 13b. MOTHER'S MAIDEN NAME **Olivia Olson** 14. NAME OF HUSBAND OR WIFE **Hilda Molander**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) **No** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **496-10-4339** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Harold Anderson** ADDRESS **7337 Harrison K. C. Mo.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cardiac Failure** **20 min**
ANTECEDENT CAUSES DUE TO (b) **Coronary Heart Disease** **3 years**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) **Bronchial Asthma** **9 years**
II. OTHER SIGNIFICANT CONDITIONS **241X**
Conditions contributing to the death but not related to the disease or condition causing death.

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 **12-10, 1946**, to **Oct 16, 1955**, that I last saw the deceased alive on **Sept. 9, 1955**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE **Edward A. Samuelson** (Degree or title) **M.D.** 23b. ADDRESS **2603 E 31 K.C. Mo.** 23c. DATE SIGNED **Oct. 17-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **10-18-1955** 24c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cem.** 24d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

DATE REC'D BY LOCAL REG. **10-17-55** REGISTRAR'S SIGNATURE **Reva Marshall** 25. FUNERAL DIRECTOR'S SIGNATURE **Muehlebach Funeral Home** ADDRESS **Kansas City, Mo.**

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

Dr. [unclear]

2603881-4

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Wm. L. Ward*

Licensed Embalmer No. 39

P. O. Address 308 E. 6th

W. L. Ward

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.