

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006594

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1202 Registrar's No. 1419

**FILED MAR 15 1963**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>20 yrs.</b>	c. CITY OR TOWN <b>Kansas City</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>		Inside limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3833 Central</b>
3. NAME OF DECEASED (Type or print) First <b>Anna</b> Middle <b>Lovisa</b> Last <b>Hagberg</b>		4. DATE OF DEATH Month <b>March</b> Day <b>4</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Caucasian</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-13-1874</b>
9. AGE (last birthday) <b>88</b>		IF UNDER 1 YEAR Months <b>88</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Vastergotland Sweden</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Olaf Engelbrektson</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>John G. Hagberg</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>[Redacted]</b>	
17. INFORMANT <b>Elsie Hagberg</b>		Address <b>3833 Central Kansas City, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma - Generalized metastasis, abdomen, liver, brain.</b> DUE TO (b) <b>Coma one week</b> DUE TO (c) <b>Primary Ca. Rt. breast. Last year</b>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Senile arteriosclerosis</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>None</b>	
20c. TIME OF INJURY Hour <b>None</b> Month, Day, Year <b>None</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, from factory, street, office bldg., etc.) <b>None</b>		20f. CITY, TOWN, OR LOCATION <b>None</b>	COUNTY STATE
21. I attended the deceased from <b>Dec 6, 1944</b> to <b>3-4-63</b> and last saw her alive on <b>3-3-63</b> . Death occurred at <b>St. Joseph Hosp. 7A</b> on the date stated above, and to the best of my knowledge, from the causes stated above.			
22a. SIGNATURE <b>Harvey Jennett, MD</b>		22b. ADDRESS <b>1500 Professional Kansas City Mo</b>	
22c. DATE <b>3-6-1963</b>		22d. DATE SIGNED <b>3-4-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3-6-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills</b>
23d. LOCATION (City, town, or county) <b>Kansas City, Missouri</b>		23e. STATE <b>Missouri</b>	
24. FUNERAL DIRECTOR <b>Floral Hills Funeral Home Kansas City, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>3-4-63</b>	26. REGISTRAR'S SIGNATURE <b>Ruth H Long</b>

USE BLACK INK OR TYPEWRITER RIBBON

Dr. JENNETT  
180F BLDG.  
VI-2-3121  
1130-5104

**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 *C. M. Jones*

Licensed Embalmer No. 3453

P. O. Address H. E. Tan

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.