

Registration District No. 399 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: Research Hospital ( )  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 weeks  
(Specify whether years, months or days)  
In this community 30 years

3. (a) PRINT FULL NAME John A. Anderson

3. (b) If veteran, name war No  
3. (c) Social Security No. 495-07-7902

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Ellen Anderson  
6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased March 26 1883  
(Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 2  
If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business Swenson Construction Co.

12. Name Johan Anderson

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

14. Maiden name Don't know

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

16. (a) Informant Mrs. Ellen Anderson

(b) Address 5538 Virginia avenue

17. (a) Burial (b) Date thereof 5/31/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery  
Freeman Mortuary

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address 104 West 42nd Street

19. (a) May 30, 1941 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5538 Virginia avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 37 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28<sup>th</sup>  
year 41 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from April 30<sup>th</sup>  
1941 to May 28 1941  
that I last saw him alive on May 28<sup>th</sup> 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction  
4 days  
ischemia

Due to Benign Obstructive Pulmonary Disease  
with Progressive 20 yrs.  
Due to Anterior basilar Cerebrovascular  
Other conditions April 30-1941  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy yes

Duration \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address [Address] Date signed \_\_\_\_\_

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

4  
3  
8

Dr. C. J. + V. T. Harris  
Research Corp.

**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

*Clarence W. Chiles*

Licensed Embalmer No.

3473

P. O. Address

11 E 5th

**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.**