

FILED MAR 9 1942
Registration District No. 599

Primary Registration District No. 1002

State File No. _____
Registrar's No. 601

1. PLACE OF DEATH:
(a) County Jackson,
(b) City or town Kansas City,
(c) Name of hospital or institution:
3009 East 6th Street, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
In this community Since 1878 - 64 years, (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Anna Zander,
3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed,
6. (b) Name of husband or wife Andrew D. Zander, 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased September 21 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 4 15 4 hr. min.

9. Birthplace Sweden, 4
(City, town, or county) (State or foreign country)
at home,

10. Usual occupation _____

11. Industry or business X

MOTHER FATHER { 12. Name Ola Folson,
13. Birthplace Sweden, 4
(City, town, or county) (State or foreign country)
14. Maiden name Irene Olson,
15. Birthplace Sweden, 4
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Belle Olson,
(b) Address 3009 East 6th St., Kansas City, Mo

17. (a) Burial (b) Date thereof 2- -42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery,

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 2/10/42 (b) M. M. Crowe
(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. 3009 East 6th Street,
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country Sweden,

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8th
year 1942 hour 8:40 minute P M.

21. I hereby certify that I attended the deceased from Jan 16
1942 to Feb 8 1942
that I last saw her alive on 2- 5 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Ventricular fibrillation Duration _____

Due to chronic myocarditis
coronary perone

Due to Recent Bronchopneumonia
arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)
Major findings: 93 01
Of operations 0
Of autopsy no

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) 0
(b) Date of occurrence 0
(c) Where did injury occur? 0
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
0
While at work? 0 (Specify type of place)
(g) Means of injury 0
23. Signature J. J. Miller (M. D. or other)
Address 3009 East 6th St. Date signed _____

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

JUL 28 1948

Dr. W. P. Miller.
any other U.S. body
/ R. Miller

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address 71. C. 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.