

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:  
2015 Jefferson 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days) 60 years

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. 2015 Jefferson  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME Andrew J. Anderson

3. (b) If veteran, name war..... None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Anna C. Anderson 6. (c) Age of husband or wife if alive 77 years  
7. Birth date of deceased March 29 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 8 21 hr. min.

9. Birthplace No Record Sweden 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Stone Mason

11. Industry or business Self

MOTHER FATHER { 12. Name Anders John Anderson  
13. Birthplace No Record Sweden 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Christine Larson  
15. Birthplace No Record Sweden 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna C. Anderson  
(b) Address 2015 Jefferson

17. (a) Burial (b) Date thereof 12/22/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Moniah Cemetery

18. (a) Signature of funeral director Patel Funeral Home  
(b) Address 1901 Olathe Blvd. K.C. Kansas

19. (a) 12-22-42 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20  
year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from Nov 20  
1942 to Dec 20 1942  
that I last saw him alive on Dec 19 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma of Pancreas

Due to 46 B

Due to.....  
Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy W

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) (e) Means of injury.....

23. Signature A. B. Bone (M.D. or other)  
Address 100776 E. 15th St. Date signed 12/21/42

WRITE PLAINLY—USE 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 embalmed by me, or by.....  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*Jimmy S. Huchshorn*

Licensed Embalmer No. *4092*

P. O. Address

*Kansas City, Kansas*

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.

Dr. Boon  
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