

FILED FEB 11 1947
Registration District No. **749**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
 (a) County **Jackson County**
 (b) City or town **Kansas City Mo.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Trinity Luthern Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **10 days**
(Specify whether years, months or days)

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. **4221 Harrison**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Ole 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, **Widowed**
 6. (b) Name of husband or wife **Hulda Anderson**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **April 15 1886**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Jan** day **29** 30
 year **47** hour _____ minute **40 AM**
 21. I hereby certify that I attended the deceased from **Jan 20**
47, to **Jan 29 30 1947**
 that I last saw him alive on **Jan 30 1947**
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Carcinoma**
Recto-sigmoid
 Duration **6 mos.**

8. AGE: Years Months Days If less than one day
80 **9** **15** hr. min.

Due to **Local Peritonitis**
 Due **Intestinal Obstruction** **3 days**

9. Birthplace **Denmark**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Letter carrier**

Other conditions (Include pregnancy within 3 months of death)
 Major findings: **Carcinoma Recto-Sigmoid**
 Of operations **46 d**
 Of autopsy _____

MOTHER FATHER
 11. Industry or business _____
 12. Name **Peter Anderson**
 13. Birthplace **Denmark**
(City, town, or county) (State or foreign country)
 14. Maiden name **Christina**
 15. Birthplace **Denmark**
(City, town, or county) (State or foreign country)

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 _____
(Specify type of place) (e) Means of injury

16. (a) Informant **Mrs Albert Benson**
 (b) Address **4221 Harrison**
 17. (a) **removal** (b) Date thereof **Jan 29 30 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Highland Park Cem. Ks.**

23. Signature **Lee Hogewitz MD**
 Address **780 Prof Bldg** Date signed **2/1/47**

18. (a) Signature of funeral director **Garth Long**
 (b) Address **703 No. 10th Kansas City, Ks.**
 19. (a) **2-1-47** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

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.....

Louis A. Long

Licensed Embalmer No. *3417*

P. O. Address *203 No 10th St K.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.