

S. No. 2
M-5-43
v. 5-17-39
X36671

DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS
FILED AUG 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24064
Registrar's No. 2986

Registration District No. 149

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:
Osteopathic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether
In this community 60 Years
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. 818 Bales Court
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PAUL L. ANDERSON
(b) If veteran, name war No
(c) Social Security No. 497-28-9483

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 14th.
year 1947 hour 9:15 minute A.M.
21. I hereby certify that I attended the deceased from April
1947 to July 14 19 47
that I last saw him alive on July 13 19 47
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Occlusion Duration _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ardell Anderson
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased February 17th. 1871
(Month) (Day) (Year)

Due to Arteriosclerosis
Due to Chronic Interstitial Nephritis
Other conditions Paralysis Agitans
(Include pregnancy within 3 months of death)
Bronchiectstasis
Major findings:
Of operations _____
Of autopsy _____
1310
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
76 4 27 hr. min.

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

10. Usual occupation Retired

11. Industry or business Produce Dealer

12. Name Lars Anderson

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

14. Maiden name Sophia Fitch

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

16. (a) Informant Mrs. Ardella Anderson

(b) Address 818 Bales Avenue

17. (a) Burial (b) Date thereof 7 - 16 - 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 104 West 42nd, St. Kansas City, Mo.

19. (a) 7-15-47 (b) Ardell Anderson
(Date received local registrar) (Registrar's signature)

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)
(c) Means of injury 2
23. Signature W. A. Hockett, D.O. (M.D. or other) D.O.
Address Kansas City, Mo. Date signed 7-14-47

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 *William A. Bennett*

Licensed Embalmer No. *4438*

P. O. Address *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.

1:30 to 5:00 o'clock -