. No. 2
—1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 961
Registrar's No. 98

FILED JAN 20 1948
Registration District No. 449

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 3514 EAST 27TH STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community 47 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3514 EAST 27TH STREET 8
(If rural, give location) 0
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country SWEDEN

3. (a) PRINT FULL NAME MRS. JENNIE M. ANDERSON

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

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MR. OTTO WILLIAM ANDERSON
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased MAY (Month) 14 (Day) 1871 (Year)

8. AGE: Years 76 | Months 7 | Days ~~22~~ 21 | If less than one day ..... hr. ..... min.

9. Birthplace (City, town, or county) SWEDEN (State or foreign country) 4
10. Usual occupation AT HOME
11. Industry or business

FATHER
12. Name PETERSON
13. Birthplace (City, town, or county) SWEDEN (State or foreign country) 1

MOTHER
14. Maiden name CAROLINE UNKNOWN
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country) 9

16. (a) Informant Roy M. Anderson
(b) Address 3514 East 27th Street
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN-8-1948 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ MEMORIAL PARK CEM.
18. (a) Signature of funeral director O.H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD
19. (a) 1-8-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 5TH year 1948 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Sclerosis	
Due to	
Due to 93	
Other conditions (Include pregnancy within 3 months of death) Deputy Coroner	
Major findings: Of operations	
Of autopsy History & Inspection	

PHYSICIAN
Underline the cause of 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? (Specify type of place) 0
While at work? (e) Means of injury

23. Signature O.E. Upsher M.D.
Address 2800 Main Date signed 1/7/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Edward M. Storey

Licensed Embalmer No. 4452

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.