

FILED JUN 1 1950 STANDARD CERTIFICATE OF DEATH

State File No. 16128

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 4097		Registrar's No. 25	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville</u>		c. LENGTH OF STAY (in this place) <u>1 Day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville</u>		0190	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Harrisonville Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>604 Butler Drive</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Benjamin</u> b. (Middle) <u>Wesley</u> c. (Last) <u>Anderson</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>May 21 1950</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec 6 1914</u>	
9. AGE (In years last birthday) <u>35</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		11. BIRTHPLACE (State or foreign country) <u>Bates County Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>W. W. Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Elsie Kinney</u>		14. NAME OF HUSBAND OR WIFE <u>Franklin Anderson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>481-01-6779</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Franklin Anderson</u>		ADDRESS <u>Harrisonville Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock and Cerebral Concussion</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>internal bleeding</u> DUE TO (c) <u>kidney trauma</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <u>0234</u> <u>0032</u>	
19a. DATE OF OPERATION <u>L</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 71</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Peculiar Cass Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 20 1950 6:50 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>			
22. I hereby certify that I attended the deceased from <u>5-20-1950</u> to <u>5-21-1950</u> , that I last saw the deceased alive on <u>5-21-1950</u> , and that death occurred at <u>8:20 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edward S. Jones</u>				23b. ADDRESS <u>Harrisonville Mo</u>		23c. DATE SIGNED <u>5-23-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 24-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oriand Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 23, 1950</u>		REGISTRAR'S SIGNATURE <u>Lama J. Jones</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Plummer</u>		ADDRESS <u>Harrisonville Mo</u>	

JUN 16 1950  
JUN 24 1950

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

Student Embalmer No.

369

working under my personal supervision.

Student

Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

3368

Harrisonville

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.