

FILED FEB 20 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH.

4119

State File No.

0190
 1

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

BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>5227</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Harrisonville</u>		c. LENGTH OF STAY (In this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>3248</u> OR TOWN <u>Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles W of Harrisonville</u>				d. STREET ADDRESS (If rural, give location) <u>1233 Benton Blvd</u>			
3. NAME OF DECEASED a. (First) <u>JOHN</u>		b. (Middle) <u>EDWIN</u>		c. (Last) <u>ANDERSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 10 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct 16-1882</u>	
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>"</u>		11. BIRTHPLACE (State or foreign country) <u>Ottawa, Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John A Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Anderson</u>		14. NAME OF HUSBAND OR WIFE <u>Grace E Anderson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>495-20-1542</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Med Lee 1310 W 25th Independence 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>FRACTURE CERVICAL VERTEBRAC</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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>Sudden</u> <u>68224</u> <u>32</u>	
19a. DATE OF OPERATION <u>✓</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</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>019 HARRISONVILLE</u> (COUNTY) <u>CASS</u> (STATE) <u>MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 10, 1951 2:30p</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car overturned.</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:30p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. P. Parger M.D.</u>				23b. ADDRESS <u>Harrisonville Mo.</u>		23c. DATE SIGNED <u>Feb 10 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial Feb 13 1951 Forest Hill Cemetery</u>		24b. DATE <u>Feb 13 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 10, 1951</u>		REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>		51		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Pennunburger Harrisonville Mo</u>	

RECEIVED
FEB 19 1951
CADIZ COUNTY
HEALTH DEPARTMENT

APR 12 1951

AUG 25 1951

JUL 23 1951

FEB 27 1951

FEB 20 1951

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Ernest K. Krumpholtz

Signed.....

Student Embalmer

Licensed Embalmer No. 3368

P. O. Address Harrisonville, 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.