

FILED FEB 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

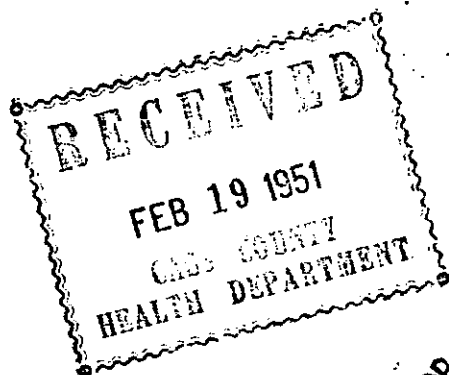
4119

State File No.

BIRTH NO.		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 5227		Registrar's No. 12	
1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Harrisonville		c. LENGTH OF STAY (In this place) 1		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		3248	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 miles W of Harrisonville				d. STREET ADDRESS (If rural, give location) 1233 Benton Blvd			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) EDWIN		c. (Last) ANDERSON		4. DATE OF DEATH (Month) (Day) (Year) Feb 10 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct 16-1882	
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Clerk		11. BIRTHPLACE (State or foreign country) Ottawa, Kansas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John A Anderson		13b. MOTHER'S MAIDEN NAME Betty Anderson		14. NAME OF HUSBAND OR WIFE Grace E Anderson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) no		16. SOCIAL SECURITY NO. 495-20-1542		17. INFORMANT'S SIGNATURE OR NAME Mabel Lee		ADDRESS 1310 W 25th Independence Mo	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) FRACTURE CERVICAL VERTEBRAC 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 Sudden 68224 32	
19a. DATE OF OPERATION ✓		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) Harrisonville (COUNTY) Cass (STATE) Mo.			
21d. TIME OF INJURY Feb. 10, 1951 2:30 p		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Car overturned.			
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 2:30 p m., from the causes and on the date stated above.							
23a. SIGNATURE J. B. Barger MD				23b. ADDRESS Harrisonville Mo		23c. DATE SIGNED Feb 10 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 13 1951		24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City Mo	
DATE REC'D BY LOCAL REG. Feb. 10, 1951		REGISTRAR'S SIGNATURE Dana J. Jones		25. FUNERAL DIRECTOR'S SIGNATURE P. M. Muench		ADDRESS Harrisonville Mo	

(Licensed Embalmer's Statement on Reverse Side)

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



APR 12 1951

AUG 25 1951

1961 8 27 101

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 M. Cunningham

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.