

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4410

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Sedgwick</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wichita</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Vets. Adm. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1532 S. Meridan</u>	

3. NAME OF DECEASED (Type or Print) <u>George A. Anderson</u>			4. DATE OF DEATH <u>Feb. 14, 1951</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>May 14, 1892</u>		9. AGE (In years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Varied</u>		11. BIRTHPLACE (State or foreign country) <u>Burton, Kans. //</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William H. Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Anne Moore</u>	
14. NAME OF HUSBAND OR WIFE <u>Sarah L. Anderson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>WW One</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>VAH Records, Springfield, Mo.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		19. INTERVAL BETWEEN ONSET AND DEATH <u>002x</u>	

18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cor Pulmonale</u>		ANTECEDENT CAUSES			
DUE TO (b) <u>Tuberculosis, pulmonary, chronic, far advanced, active.</u>		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c) <u>Chronic Bronchial Asthma</u>		II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.		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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>NOV. 15, 1949</u> , to <u>FEB 14, 1951</u> , and that death occurred at <u>10:40P m.</u> , from the causes and on the date stated above.			

22. I hereby certify that I attended the deceased from <u>NOV. 15, 1949</u> , to <u>FEB 14, 1951</u> , and that death occurred at <u>10:40P m.</u> , from the causes and on the date stated above.		23. SIGNATURE <u>Paul L. Eisele</u> Chief, (Degree or title)		23b. ADDRESS <u>VAH, Springfield, Mo.</u>	
23c. DATE SIGNED <u>2-14-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Feb 16, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>		24d. LOCATION (City, town, or county) (State) <u>Wichita, Kans.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. J. ...</u>	

DATE REC'D BY LOCAL REG. <u>2/16/51</u>		REGISTRAR'S SIGNATURE <u>W. E. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. J. ...</u>	
ADDRESS <u>Springfield, Mo.</u>		ADDRESS <u>Springfield, Mo.</u>		ADDRESS <u>Springfield, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

396

5

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.....
Student Embalmer

Signed

James W. Utair

Licensed Embalmer No. *4657*

P. O. Address *Springfield 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.