

FILED JUN 30 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20034

State File No. 2647

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2647</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <b>Jackson</b>		b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Jackson</b>	
c. LENGTH OF STAY (If in this place) <b>30 Years</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		d. STREET ADDRESS <b>4509 Jefferson</b>		3698	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4509 Jefferson</b>				d. STREET ADDRESS (If rural, give location) <b>4509 Jefferson</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>ROY</b>		b. (Middle) <b>H.</b>		c. (Last) <b>ANDERSON</b>	
4. DATE OF DEATH		(Month) <b>6</b>		(Day) <b>21</b>		(Year) <b>51</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>11 - 7 - 1883</b>		9. AGE (In years last birthday) <b>67</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bricklayer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Milo, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Allen Anderson</b>		13b. MOTHER'S MAIDEN NAME <b>Belle Gragg</b>		14. NAME OF HUSBAND OR WIFE <b>Clara A. Anderson</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>486-10-3021</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Clara A. Anderson, 4509 Jefferson</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>30-60 min</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>Coronary Thrombosis</b>		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. DUE TO (b) <b>None Known</b> DUE TO (c) <b>None Known</b>				11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None Known</b>	
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) (Min)		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 <b>his arrival at the residence</b> , that I last saw the deceased <b>on 6/21/51</b> , that his death occurred at <b>3:30 p.m.</b> , from the causes and on the date stated above.							
23. SIGNATURE <b>William B. Allen</b> (M.D. Degree or title)				23b. ADDRESS <b>Plaza Suite 109 Kansas City, Mo</b>		23c. DATE SIGNED <b>6/21/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/23/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>6-22-51</b>		REGISTRAR'S SIGNATURE <b>Thereldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Freeman Mortuary Kansas City, Mo.</b>			

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

*B. Allen*  
*Pl. Laine Pedy.*

*Je 1225-*

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REVOCATE

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STATE OF MO

ANDERSON

ANDERSON, STATE A

1935-01-28

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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. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Walter H. Erwin*

Licensed Embalmer No. *4352*

P. O. Address *Kansas City, 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.