

X No. 300
10-48

FILED AUG 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26760

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3441

1. PLACE OF DEATH a. COUNTY Jackson		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) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 34 Yrs		d. STREET ADDRESS (If rural, give location) 1213 1/2 Troost Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital # 1			

3168

3. NAME OF DECEASED a. (First) Rowland		b. (Middle) Monroe		c. (Last) Anderson		4. DATE OF DEATH (Month) (Day) (Year) August 9 1951					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH October 14 1877		9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	IF UNDER 2 HRS. Hours 0	IF UNDER 15 MIN. Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter			10b. KIND OF BUSINESS OR INDUSTRY SELF			11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Samuel Anderson			13b. MOTHER'S MAIDEN NAME Fronney Haley			14. NAME OF HUSBAND OR WIFE Eula Vee Anderson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 496-05-6199		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Eula Vee Anderson Kansas City, 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						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture Brain Interstitial		ANTECEDENT CAUSES							
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Subarachnoid Hemorrhage							
		DUE TO (c) Fracture Skull							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Broncho pneumonia						8-10-51	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Car + pedestrian						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson MO	
21d. TIME OF INJURY 7-28 51		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto Accident	

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 **3:50P** m., from the causes and on the date stated above.

23. SIGNATURE Hugh H Owens		23b. ADDRESS 1034 Pacific Bldg		23c. DATE SIGNED 8-10-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE August 11 1951		24c. NAME OF CEMETERY OR CREMATORY Green-Salem Cemetery	
		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri			

DATE REC'D BY LOCAL REG 8-11-51		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. C.L. Forster Kansas City, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

J. Vincent Ferrick
.....
Licensed Embalmer No. 35599

Signed.....
Student Embalmer

P. O. Address HC 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.