

FILED OCT 13 1945

State File No. _____

4030

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5538 Virginia /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 53 Years (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 5538 Virginia 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME MRS. ELLEN P. ANDERSON

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John A. Anderson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 2nd. 1886
(Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Sweden 4
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name Peter Magnus Peterson
13. Birthplace Sweden 4
(City, town, or county) (State or foreign country)
14. Maiden name Anna Christine Stark
15. Birthplace Sweden 11
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hildur E. Richmond
(b) Address 5719 Ridge, Overland Park, Kansas

17. (a) Burial (b) Date thereof 10/ 2/ 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 104 West 42nd. Street

19. (a) 10-1-45 (b) M. Waldine Holman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 30th.
year 1945 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from 8-28-45
to Sept. 28 1945
that I last saw her alive on Sept. 28 1945
and that death occurred on the date and hour stated above. J.P.B.

Immediate cause of death Coronary Occlusion subleis

Due to Focal Adenomatous
Due to Graves Thyro-Carcinoma yes.

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations 63 B
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 1612 Prof. Bldg. Date signed 10-1-45

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

*In Payment of Body
10/12
John E. Hunter*

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Elmer C. Widelin*
Licensed Embalmer No. *3495-*
P. O. Address *H. C. 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.