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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30143

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4096

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: ST JOSEPH HOSPITAL O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community 23 YEARS

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. 2044 DENVER 8
(If rural, give location)

(e) Citizen of foreign country? unknown (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME CARL ERICK ANDERSON

3. (b) If veteran, name war NO

3. (c) Social Security No. 339-01-0287

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife BLANCHE ANDERSON

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased FEB. (Month) 20 (Day) 1875 (Year)

8. AGE: Years 71 Months 7 Days 6 If less than one day ___ hr. ___ min.

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

10. Usual occupation HYDE INSPECTOR

11. Industry or business H. ELKAN CO. CHICAGO

FATHER
12. Name ANDREW ANDERSON
13. Birthplace (City, town, or county) NORWAY 4 (State or foreign country)

MOTHER
14. Maiden name INGABORD
15. Birthplace (City, town, or county) NORWAY 4 (State or foreign country)

16. (a) Informant Mrs. Blanche Anderson

(b) Address 2044 Denver

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof SEPT. 29 (Month) (Day) 1946 (Year)

(c) Place: burial or cremation D.W. NEWCOMER'S SONS

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 9-28-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 26 year 1946 hour 5 minute 55 P M.

21. I hereby certify that I attended the deceased from 25 Sept. 1946 to 26 Sept. 1946 that I last saw him alive on 26 Sept. 1946 and that death occurred on the date and hour stated above.

Immediate cause of death (1) Bronchial Asthma. (2) Arteriosclerotic Heart Disease with Heart Failure (3) Terminal Pneumonia

Due to (1) Undetermined Allergy (2) Arteriosclerosis

Due to (3) streptococcus 108

Other conditions possible Nephrosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations NO Operation

Of autopsy NO Autopsy

Duration

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 0

23. Signature Harry L. Hegd, M.D. (M. D. or other)

Address 5738 Belinder Road KC Mo. Date signed 28 Sept '46

(Licensed Embalmer's Statement on Reverse Side)

5140 Blelinder No. 5326

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.