No. 2
2-45
7-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4705

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 566

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: 2917 E. 34th Street 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution - - - - - (Specify whether years, months or days)
In this community 3½ months

2. USUAL RESIDENCE OF DECEASED:
(a) State Minnesota (b) County Marten 99
(c) City or town Fairmount (If outside city or town limits, write "RURAL") 21
(d) Street No. 830 No Park (If rural, give location) 0
(e) Citizen of foreign country? YES (Yes or No) 2
If yes, name country DENMARK

3. (a) PRINT FULL NAME Mrs. Anna M. Andersen
3. (b) If veteran, name war No
3. (c) Social Security No. none
4. Sex FEMALE 1
5. Color or race WHITE
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ widowed 2
6. (b) Name of husband or wife Mr. Andrew F. Andersen
6. (c) Age of husband or wife if alive - - - - years
7. Birth date of deceased June (Month) 26 (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
66	7	10	hr. min.

9. Birthplace - - - - - (City, town, or county) Denmark (State or foreign country)
10. Usual occupation Housewife
11. Industry or business at Home 4
12. Name Unknown Johnson
13. Birthplace Unknown (City, town, or county) Denmark (State or foreign country)
14. Maiden name Unknown 19
15. Birthplace Unknown (City, town, or county) (State or foreign country) 7
16. (a) Informant Mr. Victor Andersen
(b) Address 2917 E. 34th St. K.C. Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof FEB. 7-1947 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Newell, Iowa
18. (a) Signature of funeral director O. W. Newcomer & Sons
(b) Address 1401 Brookside Blvd. K.C. Mo.
19. (a) 2-7-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

Cause of death 22 on back side

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6TH year 1947 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from Feb. 1, 1946, to Feb. 1, 1947; that I last saw h[illegible] alive on Feb. 6, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of
Due to Stomach
Due to Peritonitis
Other conditions none
(Include pregnancy within 3 months of death)
Major findings:
Of operations Carcinoma of stomach
Of autopsy none

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

23. Signature E. V. Kenley M.D. (M. D. or other)
Address Argyle Bldg. Date signed 2-7-47

(Licensed Embalmer's Statement on Reverse Side)

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 Earl Rapp

Licensed Embalmer No. 3458

P. O. Address K. 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.

Death

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Jackson }

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 566

On this 27th day of March, 1947, before me appears Victor Andersen, who, upon his oath, states that the original record of ~~birth~~ death for Anna M Andersen, died ~~born~~ Feb. 6, 1947, in the State of Missouri, and which was filed at K.C. Mo. on 2-7, 1947 should be corrected as follows:

Item No. 3 should read Anna M. Andersen
Instead of Anna Anderson
Item No. 6b should read Andrew F. Andersen
Instead of Andrew F. Anderson
Item No. 16a should read Victor Andersen
Instead of Victor Anderson
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Victor Andersen Son
Relationship.

2917 E. 34th St. K.C. Mo.
Present Address.

Subscribed and sworn to before me this 27th day of March, 1947

My Commission expires Oct. 20, 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

rm V. S. 135
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