

S. No. 2  
-12-45  
5-17-39  
PI X47070

FILED DEC 31 1947

Registration District No. **1380**

Primary Registration District No. **5572**

Registrar's No. **204**

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Prairie Twp  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Jackson Co Home for aged  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr 2 mo 18 d  
(Specify whether)

In this community 62 yrs  
years, months or days

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. 3267 Warwick **8**  
(If rural, give location)

(e) Citizen of foreign country? P (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Arthur Anderson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased 3-4-1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

63 9 6 hr. min.

9. Birthplace Princeton Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Andrew Anderson

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

14. Maiden name Mathilda Johnson

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

16. (a) Informant Jackson Co Home Records

(b) Address R.R. #4 Indig. Mo.

17. (a) Removal (b) Date thereof 12-9-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Mo

18. (a) Signature of funeral director J. W. Wagner

(b) Address Kansas City Mo

19. (a) 12-9-47 (b) Donald C. Barnhart  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9  
year 1947 hour 8 minute a M.

21. I hereby certify that I attended the deceased from 12-9, 1947 to 12-9, 1947  
that I last saw him alive on 12-9, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 0

23. Signature J. W. Wagner (M. D. or other) \_\_\_\_\_

Address W. W. Wagner Date signed 12/9/47

JAN 13 1948

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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.....

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

Signed Alvin R. Haenschel

Licensed Embalmer No. 4159

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.**