

No. 2
1-5-43
5-17-39
X36671

FILED MAR 20 1948

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 983

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:
On Sidewalk at Indep. Ave & Grand
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3
In this community 42 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1714 Summit Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROY VERNON ANDERSON

3. (b) If veteran, name war W.W. II 3. (c) Social Security No. 496-03-7243

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased Nov. 19 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 3 10 hr. min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Andrew Anderson
13. Birthplace Sweden
(City, town, or county) (State or foreign country)

14. Maiden name Emma Lidman
15. Birthplace Sweden
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles Peterson
(b) Address Tongonoxie, Kansas

17. (a) Burial (b) Date thereof 3-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn: K.C. Kan.

18. (a) Signature of funeral director Weilert Funeral Home
(b) Address Kansas City, Missouri

19. (a) 3-3-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 29th
year 1948 hour 9:20 PM minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia
Due to slow poison
Due to Presumably of Natural cause
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 107
Of autopsy no history + 7 impaction

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 3
23. Signature J. W. Walker (M. D. or other) Comm
Address 1424 1/2 Jay St Date signed 3-2-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

APR 1
1901

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..... *Blaine E. Willet*
Licensed Embalmer No..... *4072*
P. O. Address..... *L.C. Me.*

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.