

No. 2  
5-43  
5-17-39  
X 38671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29641

State File No.

FILED SEP 25 1948  
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3770

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:  
706 WEST 75th STREET TERRACE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 39 YEARS. 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48  
(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 706 WEST 75th STREET TERRACE  
(If rural, give location)  
(e) Citizen of foreign country? unknown (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MR. GUSTAF A ANDERSON

3. (b) If veteran, name was WORLD WAR I 3. (c) Social Security No. 500-03-8717

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month SEPTEMBER day 13 year 1948 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from May 12 1948 to 9/13 1948 that I last saw him alive on 9/13/48 and that death occurred on the date and hour stated above.

4. Sex MALE race WHITE  
5. Color of race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
(b) Name of husband or wife. MRS. Emma M ANDERSON  
6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased DECEMBER 27 1895 (Month) (Day) (Year)

Immediate cause of death: Coronary heart failure Duration 4 1/2 mo

8. AGE: Years 62 Months 8 Days 16 If less than one day hr. min.

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

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

10. Usual occupation POLICE OFFICER

Other conditions (include pregnancy within 3 months of death) 932

11. Industry or business KANSAS CITY POLICE DEPT.

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

12. Name ANDERSON

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

14. Maiden name LOUISE (City, town, or county) (State or foreign country)

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

Of autopsy \_\_\_\_\_

16. (a) Informant Mrs. S. G. Anderson

(b) Address 706 West 75th St. Terrace

17. (a) Burial (b) Date thereof 9-16-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director Dr. W. Newcomer's Son

(b) Address 1401 Brush Creek Blvd.

19. (a) 9-15-48 (b) Geraldine Holmes (Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_

23. Signature J. B. Brunton (M. D. or other)

Address 900 West 13th Date signed 9/14/48

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

MOTHER FATHER

OCT 29 1948

900 North Blvd.

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 Robert Ray

Licensed Embalmer No. 4182

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.**