

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8245**
 BIRTH NO. **49-001739** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **911**

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte		
b. CITY OR TOWN Kans. City, Mo.		c. LENGTH OF STAY (in this place) 1-25-49-2	c. CITY OR TOWN Kans. City, Mo.		9-11
d. FULL NAME OF HOSPITAL OR INSTITUTION Childrens Mercy Hosp			d. STREET ADDRESS (If rural, give location) 2222 Wood St 2		
3. NAME OF DECEASED (Type or Print) Roger Frederic Anderson			a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH	(Month)	(Day)	(Year)		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH 1-2-49	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 1 Days 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) U		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Roy F Anderson		13b. MOTHER'S MAIDEN NAME Doris Stephen		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Doris Anderson, K.C. Mo.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema	ANTECEDENT CAUSES				
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Megacolon				
	DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. 5220				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)		21d. (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from 1-25-49, 1949 , to Feb 25, 1949 , that I last saw the deceased alive on 19 and that death occurred at Childrens Mercy Hosp , from the causes and on the date stated above.					
23a. SIGNATURE Doris Anderson (Name or title)			23b. ADDRESS Childrens Mercy Hosp		23c. DATE SIGNED 2/26/49
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 2-28-49	24c. NAME OF CEMETERY OR CREMATORY St. Hope	24d. LOCATION (City, town, or county) (State) Kansas City Kansas		
DATE REC'D BY LOCAL REG. 2-28-49	REGISTRAR'S SIGNATURE Seraldine Holmes		25. GENERAL DIRECTOR'S SIGNATURE R.A. Shelton		ADDRESS Repls

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

No. 300

10-48

67517 2 1971

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.....

Student Embalmer No.

working under my personal supervision.

Signed.....

M. M. Sewster

Signed.....

Student Embalmer

Licensed Embalmer No. *3505*

P. O. Address *K. E. Lawson*

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.