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FILED MAY 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16628**  
**2027**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Independence</b>	
c. LENGTH OF STAY (In this place) <b>1 wk, 1 day</b>		d. STREET ADDRESS (If rural, give location) <b>2400 South Cryslar</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital</b>			

3. NAME OF DECEASED a. (First) <b>Arthur</b>		b. (Middle) <b>Phillip</b>		c. (Last) <b>Anderson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 1, 1950</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Sept. 20, 1922</b>	
9. AGE (In years last birthday) <b>27</b>		IF UNDER 1 YEAR Months Days		IF UNDER 6 Hrs. Hours Min.		11. BIRTHPLACE (State or foreign country) <b>Nebraska</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>school teacher</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>John A. Anderson</b>		13b. MOTHER'S MAIDEN NAME <b>Agda --</b>		14. NAME OF HUSBAND OR WIFE <b>Evelyn Elaine Anderson</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes World War II</b>		16. SOCIAL SECURITY NO. <b>359-16-8114</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Maurice E. Woodburn, 5812 Grant St., Merriam, Kansas</b>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Auto - Trauma</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lower Neplerony Neplerocin</u> DUE TO (c) <u>2 car collision</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH  <b>5/1/50 26</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>24. 2001 71-16994</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Clay Co. Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>4-23-50</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>auto accident -</b>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>O. S. Pate</b>		(Degree or title)		23b. ADDRESS <b>North Kansas City, Mo</b>		23c. DATE SIGNED <b>5/2/50</b>	
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>5/3/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Maryville,</b>		24d. LOCATION (City, town, or county) (State) <b>Maryville, Mo</b>	
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DATE REC'D BY LOCAL REG. <b>5-3-50</b>		REGISTRAR'S SIGNATURE <b>Steraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>STINE &amp; McCLURE UND.CO., Kansas City, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 22 1951

MAY 26 1950

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed *Mat Meyer*

Signed.....  
Student Embalmer

Licensed Embalmer No. *45-5-55*

P. O. Address *24 E. Main*

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.