

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

20059

FILED JUL 15 1950

State File No.

2841

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|---|--|---|-------------|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) Kansas City | | c. LENGTH OF STAY (In this place) 58 yrs | | c. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital | | | | d. STREET ADDRESS (If rural, give location) 923 E. 68th. Street | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Benjamin | | | b. (Middle) | | | c. (Last) Anderson | |
| 4. DATE OF DEATH (Month) (Day) (Year) June 26, 1950 | | 5. SEX male | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | |
| 8. DATE OF BIRTH March 18, 1875 | | 9. AGE (In years last birthday) 75 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired landlord | | 11. BIRTHPLACE (State or foreign country) Sweden | |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | 13a. FATHER'S NAME Anders Swenson | | 13b. MOTHER'S MAIDEN NAME Karne Anderson | | 14. NAME OF HUSBAND OR WIFE Nellie Anderson | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Nellie Anderson ADDRESS 923 E. 68th. St. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Volvulus of small intestine ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Carcinoma of the Tongue | | | | INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs. 5703 15 mos. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| 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) (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 <u>Mar. 27, 1950</u> , to <u>June 23, 1950</u> , that I last saw the deceased alive on <u>June 23, 1950</u> , and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE A. B. Smith (Describe or title) M. S. | | | | 23b. ADDRESS 830 Argyle Bldg. N.E. 6, Mo. | | 23c. DATE SIGNED 6-27-50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 6-29-50 | | 24c. NAME OF CEMETERY OR CREMATORY Forest Hill | | 24d. LOCATION (City, town, or county) (State) Kansas City, Mo. | |
| DATE REC'D BY LOCAL REG. 6-28-50 | | REGISTRAR'S SIGNATURE Staldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE Freeman Mortuary, Kansas City, Missouri ADDRESS | | | |

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

Original Body

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.

Student
Student Embalmer

Signed *Willis H. Bennett*

Licensed Embalmer No. *4438*

P. O. Address *R. C., 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.