

FILED SEP 23 1950

STANDARD CERTIFICATE OF DEATH

State File No. 30272

Registrar's No. 3746

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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 township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3815 Walnut Street		d. STREET ADDRESS (If rural, give location) 3815 Walnut Street	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) F. c. (Last) ANDERSON			4. DATE OF DEATH (Month) (Day) (Year) Sept. 2, 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 16, 1875	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate & Insurance		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Skiddy, Kansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Henry M. Anderson		13b. MOTHER'S MAIDEN NAME Dora S. Russell		14. NAME OF HUSBAND OR WIFE Agnes B. 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 ADDRESS Mrs. Agnes B. Anderson K. C. Mo.	

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8-30-50 10-12 yrs 15 yrs 7-31-50
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage of benign		
	ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis DUE TO (c) Hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured hip - left			

19a. DATE OF OPERATION 8-2-50	19b. MAJOR FINDINGS OF OPERATION It hip nailed -		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE-HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-31-50	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? fell on floor	

22. I hereby certify that I attended the deceased from **2-5-1950**, to **Sept 2, 1950**, that I last saw the deceased alive on **Sept 1, 1950**, and that death occurred at **4:05** A. m., from the causes and on the date stated above.

23a. SIGNATURE John R. Whiteman (Degree or title) John R. Whiteman M.D.		23b. ADDRESS 6314 Brookside Plaza	23c. DATE SIGNED Sept 2, 50
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-4-50	24c. NAME OF CEMETERY OR CREMATORY Mc Pherson Cemetery	24d. LOCATION (City, town, or county) (State) Mc Pherson, Kansas

DATE REC'D BY LOCAL REG. 9-4-50	REGISTRAR'S SIGNATURE Sheraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Freeman Mortuary	ADDRESS K. C. Mo.
---	---	---	-----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

Fr. Whitman

6314 Brookside Plaza

Room 202

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.....
Student Embalmer

Signed

J. S. Freeman

Licensed Embalmer No. *2939*

P. O. Address *H. C. 2110*

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.