

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33798**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **416**

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 Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence	
c. LENGTH OF STAY (In this place) 1 week		d. STREET ADDRESS (If rural, give location) 132 West Sea	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Independence Sanitarium & Hosp			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) _____ c. (Last) Anderson			4. DATE OF DEATH (Month) (Day) (Year) Oct. 26 1950			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 18, 1886	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron Molder		10b. KIND OF BUSINESS OR INDUSTRY Stove & Furnace Co.		11. BIRTHPLACE (State or foreign country) Oakland, California		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Anderson		13b. MOTHER'S MAIDEN NAME Minnie Jullian		14. NAME OF HUSBAND OR WIFE Manie Pearl Anderson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 490 09 0284		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Francis Luff Independence, Missouri	

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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) terminal broncho pneumonia		INTERVAL BETWEEN ONSET AND DEATH 7 days 2 yrs 154X
	ANTECEDENT CAUSES DUE TO (b) Uremia due to bilateral obstruction due to Carcinoma of the rectum + sigmoid		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of Rectum + Sigmoid		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) (STATE)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Dec 29, 1943** to **Oct 26, 1950**, that I last saw the deceased alive on **Oct 26, 1950**, and that death occurred at **4:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold V Woods M.D.	23b. ADDRESS Independence Mo	23c. DATE SIGNED Oct 28, 50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 28, 1950	24c. NAME OF CEMETERY OR CREMATORY Mound Grove Cem.	24d. LOCATION (City, town, or county) (State) Independence, Missouri.
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DATE REC'D BY LOCAL REG. Oct. 27-1950	REGISTRAR'S SIGNATURE James A. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS George C. Carson Funeral Home Indep. Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

04860

deceased _____
 date of death _____
 place of death _____
 cause of death _____
 name of decedent _____
 date of birth _____
 sex _____
 race _____
 marital status _____
 occupation _____
 education _____
 residence _____
 date of death _____
 place of death _____
 cause of death _____
 name of decedent _____
 date of birth _____
 sex _____
 race _____
 marital status _____
 occupation _____
 education _____
 residence _____

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 Tom D. Markland

Licensed Embalmer No. 4592

P. O. Address Indep. 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.
