

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36906
4758

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Lyon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansascity Mo,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Miller Kansas 8150	
c. LENGTH OF STAY (in this place) 2 days		d. STREET ADDRESS (If rural, give location) R.F.D.1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Kenneth b. (Middle) Dunreath c. (Last) Anderson			4. DATE OF DEATH (Month) (Day) (Year) Nov. 12/1950		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 24th 1901	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ranch Mgr.	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Rockland Michigan	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William W. Anderson	13b. MOTHER'S MAIDEN NAME Margaret Shea	14. NAME OF HUSBAND OR WIFE Cinita Anderson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes W.W.1	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Cinita Anderson	ADDRESS Miller Kansas
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5601
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral anoxia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac arrest DUE TO (c) Anesthetic shock		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Femoral hernia			

19a. DATE OF OPERATION 11/11/50	19b. MAJOR FINDINGS OF OPERATION Rt. femoral hernia	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **11-10**, 19**50**, to **11-12**, 19**50**, that I last saw the deceased alive on **11-11**, 19**50**, and that death occurred at **4:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE J.S. Cope	(Degree or title) 0	23b. ADDRESS 1612 Poplar St. M.D. Kansas City, Mo.	23c. DATE SIGNED 11/13/50
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24a. BURIAL CREMA-TION (REMOVAL) (Specify) Burial	24b. DATE Nov. 14th 50	24c. NAME OF CEMETERY OR CREMATORY Monticello Cem.	24d. LOCATION (City, town, or county) (State) DeSoto Johnson, Kansas
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DATE REC'D BY LOCAL REG. 11-12-50	REGISTRAR'S SIGNATURE Seraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE H. Johnson	ADDRESS KCK
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 H. Simonson

Licensed Embalmer No. 3903

P. O. Address KCN

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.