No. 300
10.48

FILED DEC 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41120

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 466

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 OR TOWN (If outside corporate limits, write RURAL and give township): Independence c. LENGTH OF STAY (in this place): 10 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 3138
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Independence Sanitarium	d. STREET ADDRESS (If rural, give location): Densmore Hotel

3. NAME OF DECEASED (Type or Print)	a. (First): Newel	b. (Middle): W.	c. (Last): Anderson	4. DATE OF DEATH (Month) (Day) (Year): Nov. 29, 1950
5. SEX: female	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed	8. DATE OF BIRTH: July 5, 1874	9. AGE (In years last birthday): 76 — 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): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Self employed	11. BIRTHPLACE (State or foreign country): Decker, Ind.	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME: M. N. Williams	13b. MOTHER'S MAIDEN NAME: Anna Dick	14. NAME OF HUSBAND OR WIFE: E. G. Anderson (deceased)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none	16. SOCIAL SECURITY NO.: none	17. INFORMANT'S SIGNATURE OR NAME: Dr. E. H. Anderson, ADDRESS: Independence, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sub acute Bacterial endocarditis — INTERVAL BETWEEN ONSET AND DEATH: 11 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arterio Sclerotic mitral Vgene

DUE TO (c) General arterio Sclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

4200

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☑ 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 ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 20, 1950 *to* Nov. 29, 1950 *that I last saw the deceased alive on* Nov. 29, 1950 *and that death occurred at* 12:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. H. Allen (Degree or title): M. D.	23b. ADDRESS: Independence, Mo	23c. DATE SIGNED: 12-1-50	
24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	24b. DATE: 12/1/50	24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery	24d. LOCATION (City, town, or county) (State): Kansas City, Mo.
DATE REC'D BY LOCAL REG.: Dec. 1 1950	REGISTRAR'S SIGNATURE: James H. Craig 354	25. FUNERAL DIRECTOR'S SIGNATURE: Geo C. Carson	ADDRESS: Independence, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 1 2 RECD

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. Marbland

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.