

FILED SEP 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **30182**  
**3870**

BIRTH NO.		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. <u>3870</u>
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		
c. LENGTH OF STAY (in this place) <u>10 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>5808 E 12th</u> <u>3200</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5808 E 12th</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT-10-1951</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>JEFFERSON</u> c. (Last) <u>ANDERSON</u>		5. SEX <u>MALE</u> 6. COLOR OR RACE <u>WHITE</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JUNE 17-1892</u>		9. AGE (in years last birthday) <u>79</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SELF</u>		11. BIRTHPLACE (State or foreign country) <u>OHIO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>PROVIDENCE ANDERSON</u>		
13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>EMMA POOL ANDERSON</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>493-22-5790</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS Hugh P. COLEMAN</u> ADDRESS <u>5108 E 12-KC.MO</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Aneurysm (in m.a.)</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> <u>6 mo</u> <u>4201</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 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>March, 1951</u> , to <u>Sept 10, 1951</u> , that I last saw the deceased alive on <u>Sept 10, 1951</u> , and that death occurred at <u>1:20 P. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Arthur L. Pickrell D.O.</u> (Degree or title)		23b. ADDRESS <u>5959 E 13th Kansas City Mo</u>		23c. DATE SIGNED <u>9-11-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>SEPT-11-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BLANCHE CEM.</u>
24d. LOCATION (City, town, or county) (State) <u>MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geraldine Holmes</u> ADDRESS <u>C.H. BLACKMAN &amp; SON INC. K.S. MO</u>		
DATE REC'D BY LOCAL REG <u>9-11-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

W. J. Rinne Student Embalmer No. 409  
working under my personal supervision.

Student W. C. Rinne  
Student Embalmer

Signed James E. Hackler

Licensed Embalmer No. 4573

P. O. Address K. 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.