

FILED MAR 31 1953

# STANDARD CERTIFICATE OF DEATH

State File No. **10202**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **150** PRIMARY REG. DIST. NO. **5592** Registrar's No. **81**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Prairie</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>	
c. LENGTH OF STAY (in this place) <b>14 days</b>		7005	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jackson County Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1400 N. River</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Nancy</b> b. (Middle) <b>E.</b> c. (Last) <b>Anderson</b>			4. DATE OF DEATH <b>Mar. 16, 1953</b> (Month) (Day) (Year)		
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	
8. DATE OF BIRTH <b>Jan. 9, 1860</b>		9. AGE (In years last birthday) <b>93</b>		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 1 HR. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	
11. BIRTHPLACE (State or foreign country) <b>Ohio</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>Wesley S. Douglas</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Morris</b>		14. NAME OF HUSBAND OR WIFE <b>Geo. F. Anderson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		(If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Elsie Klingman</b> ADDRESS <b>Kansas City, Missouri</b>					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Thrombosis cerebral artery</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>	
		ANTECEDENT CAUSES			
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>generalized arteriosclerosis</b>	
		DUE TO (c)			
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 <b>4500</b>		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)		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 **3-2-53**, 19\_\_\_\_, to **3-16-53**, 19\_\_\_\_, that I last saw the deceased alive on **3-15-53**, 19\_\_\_\_, and that death occurred at **3:15 a.m.**, from the causes and on the date stated above.

23. SIGNATURE <b>Helen C. Blumenschein, M.D.</b> (Degree or title)		23b. ADDRESS <b>Independence Mo. 16</b>		23c. DATE SIGNED <b>Mar 53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-19-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>GreenTawn Cemetery</b>	
24d. LOCATION (City, town, or county) <b>Kansas City, Missouri</b>		24e. FUNERAL DIRECTOR'S SIGNATURE <b>Geo. C. Carson</b>		ADDRESS <b>Independence Mo</b>	
DATE REC'D BY LOCAL REG. <b>3-17-53</b>		REGISTRAR'S SIGNATURE <b>W. Beungard</b>		LICENSED EMBALMER'S STATEMENT ON REVERSE SIDE	

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

10000

**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.