

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37261**

FILED NOV 16 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4984

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) Kansas City	c. LENGTH OF STAY (In this place) 30 yrs.	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 2322 College		STREET ADDRESS (If rural, give location) 37 2322 College 3310	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Lester c. (Last) Anderson			4. DATE OF DEATH (Month) (Day) (Year) Oct. 25, 1954		
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5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 29, 1897		9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Apartment bldg.		11. BIRTHPLACE (City and State or Foreign Country) Lawrence, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Alfred Anderson		13b. MOTHER'S MAIDEN NAME Ellen White		14. NAME OF HUSBAND OR WIFE Nora Viola Anderson			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 513-14-1686		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Anderson, 513 Freemont, K.C. Kans			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 4214
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular heart disease						
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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				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) (m.)			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 3-23, 1950, to 10-25, 1954, that I last saw the deceased alive on 10-25, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE L. V. Miller (Degree or title) MD			23b. ADDRESS 1211 Paseo		23c. DATE SIGNED 10/27/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10/28/54	24c. NAME OF CEMETERY OR CREMATORY Maple Grove Cemetery		24d. LOCATION (City, town, or county) (State) Lawrence, Kansas		
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DATE REC'D BY LOCAL REG 10-28-54		REGISTRAR'S SIGNATURE neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS West, Appleton & Jones, Inc., K.C., Mo.		
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

SEP 12 1957

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.....
Signature of Student Embalmer

Signed *Conrad Volney Bales*

Licensed Embalmer No. *490*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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