

0.300  
0.48

FILED MAY 24 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15349  
State File No. ....  
2028  
Registrar's No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>  |  |
| b. CITY (If outside corporate limits, write RURAL and give town or township)<br><b>Kansas City</b>  | c. LENGTH OF STAY (in this place)<br><b>1 Week</b>   | c. CITY OR TOWN <b>Kansas City, Rural</b>  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Trinity Lutheran Hospital</b>   |  | STREET ADDRESS (If rural, give location)<br><b>5231 Aberdeen</b>   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>AUGUST</b> b. (Middle) <b>ANDERSON</b> c. (Last) <b>ANDERSON</b>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>May 8th, 1955</b>  |  |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   | 8. DATE OF BIRTH<br><b>April 10, 1879</b>  |
| 9. AGE (In years last birthday) <b>76 Yrs.</b>  |  | IF UNDER 1 YEAR<br>Months _____ Days _____   | IF UNDER 24 HRS.<br>Hours _____ Min. _____   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired, City Delivery Manager</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Sweden</b>  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b>   |  | 13. NAME OF FATHER <b>W. Volker</b> MOTHER'S MAIDEN NAME <b>Mathilda Tideman</b>   |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>Ida C. 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)   |  |
| 16. SOCIAL SECURITY NO.<br><b>486-03-5023</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. Ida C. Anderson K. C. Kansas</b>  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute myocardial infarction</b><br>ANTECEDENT CAUSES<br>DUE TO (b) <b>Coronary Arteriosclerosis + Phlebotomy</b><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |  | 21. INTERVAL BETWEEN ONSET AND DEATH<br><b>4201</b>  |  |
| 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) (Min.)  | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. |  |  |  |
| 23a. SIGNATURE <b>Jack H. Hill</b> (Degree or title)<br><b>John H. Hill</b>   |  | 23b. ADDRESS<br><b>3001 Wymondott St. Kansas City, Mo.</b>   | 23c. DATE SIGNED<br><b>9 May 55</b>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 24b. DATE<br><b>5 - 11 - 55</b>  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Moriah Cemetery</b>   | 24d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Jackson Co. Mo.</b>   |
| DATE REC'D BY LOCAL REG.<br><b>5-10-55</b>  | REGISTRAR'S SIGNATURE<br><b>Neva Marshall</b>  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Freeman Mortuary Kansas City, Mo.</b>   |  |

---

---

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 *Max H. Kirkendall*.....

Licensed Embalmer No. *46*.....

P. O. Address *A. C.*.....

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.