

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008623

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1248 STATE FILE NUMBER

AMENDED

**FILED MAR 29 1961**

1. PLACE OF DEATH  
 a. COUNTY **JACKSON**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **KANSAS CITY** Length of stay in lb **68 YEARS**  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **ST. JOSEPH'S HOSPITAL** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **MISSOURI** COUNTY **JACKSON**  
 c. CITY OR TOWN **KANSAS CITY** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **3936 TERRACE STREET** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
**CARL JOHN ANDERSON** **MARCH 10 1961**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **12/10/78** 9. AGE (last birthday) **82** IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **ENGINEER** 10b. KIND OF BUSINESS OR INDUSTRY **FRISCO R. R.** 11. BIRTHPLACE (City and state or country) **SWEDEN U. S. A.** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **JOHN ANDERSON** 13b. MOTHER'S MAIDEN NAME **AMELIA** 14. NAME OF HUSBAND OR WIFE **MRS. VIOLA ANDERSON**

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. **-----** 17. INFORMANT Address **3936 TERRACE MRS. VIOLA ANDERSON KANSAS CITY, MO**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Uremia  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of Bladder  
 DUE TO (c) \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) \_\_\_\_\_

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) \_\_\_\_\_

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 20f. CITY, TOWN, OR LOCATION COUNTY STATE \_\_\_\_\_

21. I attended the deceased from July 1946 to death and last saw her/him alive on Mar 10, 1961  
 Death occurred at 10:20 A. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Thomas E. McMillan MD 22b. ADDRESS 1819 Pop Bldg. Kansas City, Mo 22c. DATE SIGNED Mar 10, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **MAR. 11, 1961** 23c. NAME OF CEMETERY OR CREMATORY **MT. MORIAH CEMETERY** 23d. LOCATION (City, town, or county) (State) **KANSAS CITY MISSOURI**

24. FUNERAL DIRECTOR ADDRESS **D. W. NEWCOMER'S SONS KANSAS CITY, MO. 1331 BRUSH CR.** 25. DATE RECD. BY LOCAL REG. **3-10-61** 26. REGISTRAR'S SIGNATURE Ruth Long

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF **Thomas E. McMillan** MEDICAL CERTIFICATION

**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 Paul V. Kony

Licensed Embalmer No. 4724

P. O. Address Rt. 1, Mon

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.