

REC'D DEC 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28189
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 399
(b) Township Raw 1 Primary Registration District No. 1002
(c) City Kansas City (d) Street No. 2932 Michigan St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 4423

2. PRINT FULL NAME

Jennie Elizabeth Anderson
(a) Residence, No. 2932 Michigan St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Yes, Milton Anderson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15 1845
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 93 4 29
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Statesville North Carolina
13. NAME John Morton Potts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina
15. MAIDEN NAME Emma Bagley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina
17. INFORMANT (ADDRESS) Etta Craven 2932 Michigan
18. BURIAL, CREMATION, OR REMOVAL PLACE Wesley Mts DATE Nov 15 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. E. R. Foster 916 Broadway 16th St
20. FILED Nov. 14 1938 R. M. D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov 8 1938 to Nov 14 1938
I last saw her alive on Nov 13 1938. Death is said to have occurred on the date stated above, at 5:15 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
131
Date of onset Unknown
Other contributory causes of importance:
Chronic arteriosclerotic degeneration
Name of operation _____ Date of _____
What test confirmed diagnosis Chronic Lab Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) Dr. Nelson Myers M. D.
(Address) 612 Chambered Bldg

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.