

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

38388
Do not use this space.

REC'D DEC 4 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 2615 Madison Registered No. 4622
 (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.

2. PRINT FULL NAME

536 Mrs. Julia Mae Anderson
 (a) Residence, No. 2615 Madison 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Conrad Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27, 1901

7. AGE YEARS 37 MONTHS _____ DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Kansas City, Mo. (STATE OR COUNTRY)

FATHER 13. NAME Bert Thompson
 14. BIRTHPLACE (CITY OR TOWN) Iowa (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Bertha Curry
 16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

17. INFORMANT Mrs. Bertha Price (ADDRESS) 2615 Madison

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 11/30/28 19.

19. FUNERAL DIRECTOR (NAME) Quirk & Tobin Co. (ADDRESS) Kansas City, Mo.

20. FILED Nov. 29, 1938 M. M. Cronin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28, 1928

22. I HEREBY CERTIFY, That I attended deceased from Nov 22 1938, to Nov. 28, 1938
 I last saw him alive on Nov. 28, 1938. Death is said to have occurred on the date stated above, at 2:24 p.m.
 The principal cause of death and related causes of importance were as follows:

Date of onset _____
Lobar Pneumonia
108 6 days
 Other contributory causes of importance: _____

Name of operation none Date of _____
 What test confirmed diagnosis? Cholera Was there an autopsy? yes

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) P. M. Cunniff, M. D.
 (Address) 708 W 17th St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 9 1949

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.