REC'D SEP 6 1939

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

28336
Do not use this space.

1. PLACE OF DEATH
(a) County JACKSON 2 Registration District No. 399
(b) Township KAW 1 Primary Registration District No. 1002 Registered No. 3338
(c) City KANSAS CITY (d) Street No. 2843 WABASH 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 3 yrs. 6 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MRS. VIRGINIA AMANDA ANDERSON
(a) Residence, No. 2843 WABASH St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

5 36

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JOHN HALL ANDERSON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 19 1856

7. AGE: YEARS 83 | MONTHS 6 | DAYS 4 | 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) (STATE OR COUNTRY) PLATTSBURG MISSOURI

FATHER
13. NAME AUSTIN CREED
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME MISSOURI JACKSON
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

17. INFORMANT (ADDRESS) MRS. JOSIE MAY SIMS 2843 WABASH

18. BURIAL, CREMATION, OR REMOVAL
PLACE PERRIN, MO. DATE AUGUST 25, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D.W. NEWCOMER'S SONS KANSAS CITY, MISSOURI

20. FILED 8/24, 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from AUG. 23, 1939, to AUG 23, 1939
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:05 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
CORONARY OCCLUSION	AUG. 23, 39
94 B	

Other contributory causes of importance:

HYPERTENSION	YRS.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? NO
If so, specify .....
(Signed) A. C. Quistgard, M. D.
(Address) 6944 Prospect K.C.L.

(Licensed Embalmer's Statement on Reverse Side)

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.

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 E. M. Calhoun

Licensed Embalmer No. 3506

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 this body is not embalmed, above space should be left blank.