

SEP 6 1939

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

28355
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 or Kansas City (d) Street No. 818 Bales Court St.
 (c) City Kansas City (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 56 yrs. mos. ds. (f) How long in U.S., if of foreign birth? 60 yrs. mos. ds.

2. PRINT FULL NAME Ellen M. Anderson, D. O.
 (a) Residence, No. 818 Bales Court 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1865
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 1 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Osteopathic Physician
 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) Sweden

FATHER 13. NAME Lars Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

MOTHER 15. MAIDEN NAME Sophia Fisk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

17. INFORMANT Paul L. Anderson
 (ADDRESS) 818 Bales Court

18. ~~PLACE~~ CREMATION, OR ~~PLACE~~ Elmwood DATE Aug. 26, 1939

19. FUNERAL DIRECTOR (NAME) Freeman Mortuary
 (ADDRESS) 104 W. 42nd St., K.C., Mo.

20. FILED 26 39 M. M. Browne
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/23, 1939, to 8/23, 1939.
 I last saw h. in alive on 8/23, 1939. Death is said to have occurred on the date stated above, at 3 p.m.
 The principal cause of death and related causes of importance were as follows:

Valvular Heart Disease Date of onset 1937
92 a

Other contributory causes of importance:
 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
 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) P. A. Wellman, M. D.
 (Address) 5400 S. John Dr. K.C. Mo.

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 Clarence W

....., Registered Apprentice No.

working under my personal supervision.

Signed

Clarence W Childs

Licensed Embalmer No. 3473

P. O. Address 76 C 7th St

2130-14

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.