

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

42250

Do not use this space.

JAN 13 1940

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 4659
 (c) City Kansas City (d) Street No. St. Lukes Hospital 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.

2. PRINT FULL NAME Mabel Anderson

(a) Residence, No. 4621 Fairmount 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 -----

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 4 10

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) Salemsborg /
 (STATE OR COUNTRY) Kansas /

FATHER 13. NAME John R. Anderson /

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

MOTHER 15. MAIDEN NAME Selma Augusta Lundberg

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

17. INFORMANT Mrs. Stella Liljestrand
 (ADDRESS) 4621 Fairmount

18. BURIAL, CREMATION, OR REMOVAL PLACE Lindsburg, Kans DATE Dec. 10, 1939

19. FUNERAL DIRECTOR (NAME) Gates Funeral Home
 (ADDRESS) Kansas City, Kansas

20. FILED Dec. 8, 1939 M. M. Grome
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 8, 1939

22. I HEREBY CERTIFY That I attended deceased from May 1, 1939, to Dec 8, 1939
 I last saw her alive on Dec 7, 1939. Death is said to have occurred on the date stated above, at 5:20 a. m.
 The principal cause of death and related causes of importance were as follows:

Septicemic pylephlebitis
arterial embolization
 66B
 Other contributory causes of importance: Acute Nephritis
 Date of onset Spring 1938
Nov. 1 1939

Name of operation Yes, Thyroidectomy Date of Sept 29, 1939
 What test confirmed diagnosis? Mo Was there an autopsy? Mo

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 Mo
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Mo
 If so, specify _____
 (Signed) Lawrence P. Engel, M. D.
 (Address) Plaza Medical Bldg

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.

---L.P. Engel---

PlazMed Bldg. 2-5/11

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 *Harold Rose*

Licensed Embalmer No. *2810*

P. O. Address *1107 State Lane*

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.