

No. 2  
1-10-39  
-17-39  
X2148

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13835

State File No.

1547

ED MAY 15 1940  
Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution St. Luke's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Day (Specify whether  
In this community 42 Years years, months or days)

3. (a) PRINT FULL NAME Mrs. Maude Best Anderson 536

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mr. Walter H. Anderson 6. (c) Age of husband or wife if alive 44 years  
7. Birth date of deceased June 10 1896  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
43 10 0 hr. min.

9. Birthplace Lisle Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business At Home

MOTHER FATHER { 12. Name Austin Best  
13. Birthplace Richmond County Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Flora M. Shumard  
15. Birthplace Effingham County Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter H. Anderson  
(b) Address 7021 Brookside Blvd.

17. (a) Burial (b) Date thereof April 11 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons  
(b) Address 1401 Brush Creek Blvd.

19. (a) Apr. 10, 1940 (b) M. M. Crave  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7021 Brookside Blvd.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th  
year 1940 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from Coroni \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) [Signature]  
Address [Signature] Date signed 4/10/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 10 1956

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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 George M. Collier  
Licensed Embalmer No. 3839  
P. O. Address D.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.**