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

FILED OCT 11 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30898

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3461

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 5838 Park (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether

In this community 60 yrs years, months or days)

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. 5838 Park (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME John B. Anderson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Nella Anderson

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Aug (Month) 26 (Day) 1858 1860 (Year)

8. AGE: Years 80 ~~82~~ Months X Days 26 ~~0~~ If less than one day ____ hr. ____ min.

9. Birthplace Delaware, (City, town, or county) Ohio (State or foreign country)

10. Usual occupation U. P. R. R. Clerk

11. Industry or business

FATHER
12. Name Alexander Anderson
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Christiana Piersol
15. Birthplace (City, town, or county) Penn. (State or foreign country)

16. (a) Informant Harry Anderson

(b) Address 5838 Park

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/4/40 (Month) (Day) (Year)

(c) Place: burial or cremation Ellis Kansas

18. (a) Signature of funeral director Mrs C. L. Foster

(b) Address 918 Brooklyn K.C. Mo

19. (a) Sept. 4, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2 year 1940 hour 4 minute 30 P M.

21. I hereby certify that I attended the deceased from 6/11/40, 19__, to 9/2/40, 19__; that I last saw him alive on 8/14/40, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease with Auricular Fibrillation

Due to Generalized Arteriosclerosis

Due to ✓

Other conditions (Include pregnancy within 3 months of death) 45 P

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John [illegible] (M. D. or other) M.D.

Address 311 Argyle Bldg Date signed 9/3/40

(Licensed Embalmer's Statement on Reverse Side)

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 Dwight C. Browning

Licensed Embalmer No. 2724

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.