

FILLED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

17405
2067

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:
Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution died before reaching
(Specify whether years, months or days) 36 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 9715 East 16th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th
year 1941 hour 3 minute 50 P. M.
21. I hereby certify that I attended the deceased from 1941 to 1941:
that I last saw him alive on May 25, 1941
and that death occurred on the date and hour stated above.
Immediate cause of death: acute hemorrhagic pancreatitis
of fat necrosis

Duration

Other conditions 128
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations 128
Of autopsy 128

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) NO
(b) Date of occurrence NO
(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) (Specify nature of industry)
23. Signature H. P. Moore (M. D. or other)
Address 1401 Brush Creek Blvd. Date signed May 27 1941

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

3. (a) PRINT FULL NAME Mr. George C. Anderson

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Gertrude Anderson 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased November 10 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 6 15 hr. min.

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

10. Usual occupation Manager

11. Industry or business Dairyland

MOTHER FATHER { 12. Name John C. Anderson

13. Birthplace Denmark
(City, town, or county) (State or foreign country)

14. Maiden name Mary Thompson

15. Birthplace Denmark
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gertrude M. Anderson

(b) Address 9715 E. 16th St. Independence

17. (a) Burial (b) Date thereof May 28, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director D. H. Newcomer, Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) May 27 1941 (b) M. M. Grove
(Date received local registrar) (Registrar's signature)

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 H. 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, fact should be so stated above.