

STANDARD CERTIFICATE OF DEATH

State File No.

27517
3175

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. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
In this community 4 Months 0 (Specify whether 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. 3516 East 61st Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME Alva August 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 Single

6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased April 24 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 1 hr. min.

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

10. Usual occupation Infant

11. Industry or business --

MOTHER FATHER { 12. Name Herbert C. Anderson
13. Birthplace Topeka Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Martha Felt
15. Birthplace Salina Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Herbert C. Anderson
(b) Address 3516 East 61st Street

17. (a) Burial (b) Date thereof Aug. 26, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director D. H. Newcomer Sons
(b) Address 91401 Brush Creek Blvd

19. (a) 9/25/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25th
year 1941 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from Aug 9
1941 to Aug 25 1941
that I last saw him alive on Aug 24 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Disease Duration 2 mo

Due to 66B

Due to Malnutrition 10 days
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations --- PHYSICIAN ---
Of autopsy --- 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 Charles J. Eldridge (M. D. or other) D
Address 6247 Brookside Blvd Date signed ---

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

148
3
8

6247 Embalmer License
2:30.5

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 C. Hervey Quisenberry
Licensed Embalmer No. 4070
P. O. Address K. 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.