

FILED OCT 13 1941

Registration District No. 399

Primary Registration District No. 1002

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 Wheatley Provident Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
 In this community 38 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
 (c) City or town Kansas City 3
 (If outside city or town limits, write "RURAL") 8
 (d) Street No. 2428 Montgall
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No) 0
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 3rd
 year 1941 hour 4 minute 33 P. M.
 21. I hereby certify that I attended the deceased from 9-1-
1941 to 9-3-1941
 that I last saw him alive on 9-3- 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis
 Due to Nephritis
 Due to 21/19
 Other conditions Arteriosclerosis
 (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
 Of operations 131P
 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 W. E. Crow (M. D. or other)
 Address 1614 E. 12 Date signed 9/5/41

3. (a) PRINT FULL NAME Mary Eliza Anderson

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

4. Sex Fe 5. Color or race B Col 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Robert H. Anderson 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased June 30, 1869
 (Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 3
 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Ellis Smith

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

14. Maiden name Unknown
 (City, town, or county) (State or foreign country)

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

16. (a) Informant William Anderson

(b) Address 2428 Montgall

17. (a) burial (b) Date thereof 9/4/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Haskins Bros.

(b) Address 1729 Lydia

19. (a) 9/5/41 (b) M. H. Crow
 (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 *Isaac Jerome Manlo*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.