

2
-41
-39
K26390

Registration District No. **397**

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: **St. Lukes Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 1/2 hours**
In this community **30 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson 048**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3683 Summitt**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Mrs. Edith Anderson**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **divorced**
6. (b) Name of husband or wife **Oliver W.** 6. (c) Age of husband or wife if alive **Unk.** years
7. Birth date of deceased **April 3rd, 1907**
(Month) (Day) (Year)

8. AGE: Years **34** Months **6** Days **27** If less than one day
hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Warren McConkey**
13. Birthplace **Indiana**
(City, town, or county) (State or foreign country)
14. Maiden name **Nora Blayzer**
15. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm. W. McConkey**
(b) Address **4526 Jefferson**
17. (a) **burial** (b) Date thereof **11/1/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Maple Hill Cemetery**

18. (a) Signature of funeral director **B. V. Lindsey & Sons**
(b) Address **3811 Broadway**
19. (a) **10/31/41** (b) **M. M. Crown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **30**
year **1941** hour **9:40 AM** minute **-** M.

21. I hereby certify that I attended the deceased from **1938**
19... to **October 30**, 19...
that I last saw her alive on **October 30**, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart Failure** Duration **2 yrs**
Due to **Myocardial Infarction** **6 yrs**
Due to **Rheumatic Heart Disease** **25 yrs**

Other conditions **9:28**
(Include pregnancy within 3 months of death)

Major findings: Of operations **Confirmed diagnosis**
Of autopsy **Confirmed diagnosis**
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? **Plaza Medical Bldg** Means of injury **-**
23. Signature **M. M. Crown** (M. D. or other) **-**
Address **Plaza Medical Bldg** Date signed **10-31-41**

Jackson City, Mo

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

Dr. M. R. Bering
Plaza Medical Bldg
(256)

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 Leon H. Stewart

Licensed Embalmer No. 4177

P. O. Address Kansas City, 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.