S. No. 2
I—9-4-41
. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1063

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 127

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. Luke's Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community about 15 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3 (If outside city or town limits, write "RURAL")
(d) Street No. 3540 Central Street 8 (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mr. Eugene E. Anderson

3. (b) If veteran, name war Unknown 3. (c) Social Security No. 489-22-5467

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married 3 divorced Divorced

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 51 Months 2 Days 2 If less than one day hr. min.

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

10. Usual occupation Unemployed

11. Industry or business Don Hettinger Weatherhead

FATHER
12. Name Unknown Anderson
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mr. John E. Miller
(b) Address Midland Bldg

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 12, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Glennville, Georgia

18. (a) Signature of funeral director O. N. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 1-12-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11th year 1942 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 1, 1942 to Jan 11, 1942 that I last saw him alive on Jan 11, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Hypertension + Arteriosclerosis

Due to Chronic nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: 131 B
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 0

23. Signature George C. Lee (M. D. [redacted])
Address 1630 Prof. Bldg Date signed 1/12/42

(Licensed Embalmer's Statement on Reverse Side)

MC

Professional Dep.

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 Emile M. Calhoun

Licensed Embalmer No. 3506

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.