

FILED OCT 5 1942
Registration District No. 149

Primary Registration District No. 1002

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

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hrs.
(Specify whether years, months or days) 40 yrs.

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. 3412 Roberts
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country A

3. (a) PRINT FULL NAME Henry I. Anderson

3. (b) If veteran, name war L

3. (c) Social Security No. L

4. Sex male 5. Color or race wh

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Wm R.

6. (c) Age of husband or wife if alive 1876 years

7. Birth date of deceased July 1 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 29 If less than one day hr. min.

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

10. Usual occupation Farm

11. Industry or business _____

MOTHER FATHER

12. Name Mr. Anderson

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

14. Maiden name Anderson

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

16. (a) Informant Donald Anderson

(b) Address 3412 Roberts

17. (a) Burial (b) Date thereof 9/22/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lane

18. (a) Signature of funeral director Snow Muehly

(b) Address 2315 Truman

19. (a) 9/21/42 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20th
year 1942 hour 10 minute 10 A.M. P.M.

21. I hereby certify that I attended the deceased from 9-20-42 1942 to 9-20-42 1942
that I last saw him alive on 9-20-42 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic heart disease with acute Endocarditis.

Due to 95B

Due to _____

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

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy See above

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)

23. Signature Dr. R. Thon (M. D. or other) _____
Address Med. Dir. K.C. General Hospital Date signed _____

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.....

Roy E Snow

Licensed Embalmer No.....

2060

P. O. Address.....

KEW

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.