S. No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36089

Registration District No. FILED NOV 19 1942 / 49

Primary Registration District No. 1002.

Registrar's No. 4096

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: In front of 1108 Vine St. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 23 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48 3 8
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1320 Paseo
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Hiawatha Anderson
3. (b) If veteran, name war no
3. (c) Social Security No. 440-12-8680
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace Anderson
6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased June (Month) 19 (Day) 1913 (Year)

8. AGE: Years 29 Months 4 Days 12 If less than one day ____ hr. ____ min.

9. Birthplace Denison (City, town, or county) Texas (State or foreign country)
10. Usual occupation Porter
11. Industry or business
FATHER 12. Name George Anderson
13. Birthplace Palestine (City, town, or county) Texas (State or foreign country)
MOTHER 14. Maiden name Ida Williams
15. Birthplace Palestine (City, town, or county) Texas (State or foreign country)
16. (a) Informant Ida Anderson
(b) Address 1701 E. 14th St
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-6-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Denison, Texas
18. (a) Signature of funeral director E. Clifford Bell
(b) Address 1212 Vine St., K.C., Mo.
19. (a) 11-5-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 31 year 1942 hour 3:00 minute a. M.
21. I hereby certify that I attended the deceased from Deputy Coroner to ____, 19____;
that I last saw h____ alive on ____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Homicide — Duration
Gun shot wound of
Due to Left Chest Hemothorax
Due to
Other conditions 1166
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy yes

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) Homicide
(b) Date of occurrence 10-31-42
(c) Where did injury occur? Kans City (City or town) Jackson (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Street in front of 1108 Vine (Specify type of place)
While at work? No (e) Means of injury Gunshot
23. Signature L. P. Richardson (M. D. or other)
Address 1832 Vine Date signed 11-2-42.

(Licensed Embalmer's Statement on Reverse Side)

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. E. Sterling Billes

Licensed Embalmer No. 3178

P. O. Address. 1212 Pine St

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.