

7. S. No. 2  
OM-5-42  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13025**

**FILED** MAY 6 1943 149

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **2024**

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:  
**801 Benton Blvd.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **About 60 years** (Specify whether years, months or days)

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. **801 Benton Blvd.**  
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Anthony C. Anchors**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **28**  
year **1943** hour **7:20** minute **a.** M.

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Margaret Anchors**

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

7. Birth date of deceased **August 22 1870**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Coroner** 19**43** to **1943**

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

**72 8 6** hr. min.

Immediate cause of death: **Coronary occlusion  
Chronic myocardial infarction**

9. Birthplace **Segurnia Iowa**  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **None**

11. Industry or business **Formerly Restaurant Owner**

Major findings: Of operations \_\_\_\_\_

MOTHER FATHER { 12. Name **John Anchors**

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

14. Maiden name **Margaret Murphy**

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

Of autopsy **See above**

PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically.

16. (a) Informant **Mary Anchors**

(b) Address **801 Benton Blvd.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **5-1-43**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

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? \_\_\_\_\_

18. (a) Signature of funeral director **J. F. O'Donnell**

(b) Address **3256 Broadway**

19. (a) **4-30-43** (Date received local registrar)

(b) **m m Crowe** (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature **O'Donnell** (M. D. or other)

Address **K.C. Mo.** Date signed **4/28/43**

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

**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:

*Park G. Rowe*

Licensed Embalmer No.

*2347*

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.**