

No. 2
5-42
17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13028

State File No.

FILED MAY 6 1943
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 13028

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:
3100 East 55th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... **22 years** (Specify whether years, months or days)

In this community... **22 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. **3100 East 55th St.**
(If rural, give location)

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

3. (a) PRINT FULL NAME **ROSIE ANDERSON**

3. (b) If veteran, name war... **None**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr.** day **16th** year **1943** hour **18** minute **P.** M.

21. I hereby certify that I attended the deceased from **May 25** 19**43** to **Apr. 16** 19**43**
that I last saw him alive on **Apr. 8** 19**43**
and that death occurred on the date and hour stated above.

4. Sex **Fe** 5. Color or trace **Col**

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

6. (c) Age of husband or wife if alive... **60** years

7. Birth date of deceased... **May 1, 1886**
(Month) (Day) (Year)

Immediate cause of death
**Carcinoma of Stomach
lymph node**

Due to... **46 B**

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

56	11	15	hr. min.
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9. Birthplace **Madison County Miss.**
(City, town, or county) (State or foreign country)

Other conditions
Carcinoma of Liver

(Include pregnancy within 3 months of death)

10. Usual occupation... **At Home**

11. Industry or business...

12. Name... **Tom Lambert**

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

14. Maiden name... **Unknown**

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

Major findings:
Of operations...
Of autopsy...

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

16. (a) Informant... **Warren Anderson**

(b) Address... **3100 East 55th Street**

17. (a) **burial** (b) Date thereof... **4/21/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... **Highland Cemetery**

18. (a) Signature of funeral director... **Madison 1300**

(b) Address... **1729 Lydia**

19. (a) **4-21-43** (b) **in in crown**
(Date received local registrar) (Registrar's signature)

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) (2) Means of injury.....

23. Signature **J. W. Brown** (M. D. or other)
Address **1705 E 12 St** Date signed **Apr 18-43**

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

Jerome Manlove

Licensed Embalmer No.

3994

P. O. Address

2503 Highland

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.