

FILED JUL 8 1943

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:  
General Hospital #2 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4/12-6/17/43  
(Specify whether  
In this community 20 Years  
years, months or days)

3. (a) PRINT FULL NAME BESSIE ANDERSON

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elder Anderson 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased: Sept 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 9 0 hr. min.

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

10. Usual occupation: Housewife

11. Industry or business:

12. Name: Squire Thorp

13. Birthplace: unk 9  
(City, town, or county) (State or foreign country)

14. Maiden name: Emma Burton

15. Birthplace: unk 9  
(City, town, or county) (State or foreign country)

16. (a) Informant: Record Clerk

(b) Address: General Hospital #2

17. (a) Burial (b) Date thereof: 6/17/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Hospital

18. (a) Signature of funeral director: Wattsons Bros

(b) Address: 1729 Lydia

19. (a) 6-21-43 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

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. 2206 Wabash  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: Y

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17  
year 1943 hour 12:45 minute P M.

21. I hereby certify that I attended the deceased from  
April 12 1943 to June 17 1943

that I last saw her alive on June 17 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pituitary Tumor  
(Malignant)

Due to: 572

Due to:

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

Major findings: Of operations:

Of autopsy: Same as above

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) (Means of injury)

23. Signature: D. E. Brown M.D. (M. D. or other)

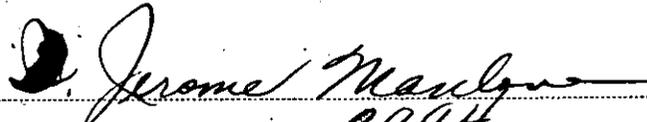
Address: Gen. Hosp. #2, K.C. Mo. Date signed: 6-18-43

---

---

**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.....   
.....  
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.