

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1953

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

**1. PLACE OF DEATH:**  
 (a) County Jackson  
 (b) City or town Kan City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
105 W-39 st 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
 In this community 40 years  
years, months or days

**3. (a) PRINT FULL NAME** Elinor Anderson  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. none

4. Sex fe  
 5. Color or race w  
 6. (a) Single, widowed, married, divorced single  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: Dec 2 1880  
(Month) (Day) (Year)

**8. AGE:**  
 Years 63 Months 54 Days 23  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name Elinor Anderson

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

14. Maiden name Mildred Johnson

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

16. (a) Informant Mrs G.V. Shireman

(b) Address 3288 Olive

17. (a) Entombment mt Marshall Cem  
(Burial, cremation, or removal) (b) Date thereof 5/5/44  
(Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Geo Mayberry

(b) Address 2315 Fenwood

19. (a) 5-5-44 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kan City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 105 W-39 st  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or, No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: about 4 Month 4 day 25  
 year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_  
 to \_\_\_\_\_ 19\_\_\_\_  
 that I last saw h. Deputy Coroner 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic Heart Disease  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions: 93d  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy: Inspection of History

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) (e) Means of injury \_\_\_\_\_  
 23. Signature A. E. Updegraff (M. D. or owner)  
 Address 2315 Fenwood Date signed 5/4/44

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

**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.....

*Ray E. Snow*

.....  
Licensed Embalmer No.....

*2560*

P. O. Address.....

*KC 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.**