

7. S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19386

State File No. _____

MAILED JUL 11 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2727

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:
Trinity Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Hours
(Specify whether years, months or days) 12 Hours

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁴⁸

(c) City or town Kansas City ³
(If outside city or town limits, write "RURAL") ⁸

(d) Street No. 3923 Garfield
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Infant of Oliver F. & Ellen Anderson

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th.
year 1945 hour 11 minute 45 P. M.

4. Sex Female / 5. Color or race White

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 6-27-1945
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-27
1945 to 6/27 1945
that I last saw her alive on 6/27 1945
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>0</u>	<u>0</u>	<u>12</u> hr. _____ min.

Immediate cause of death stethoic

Due to Prematurity

Due to _____

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

10. Usual occupation None

Other conditions (Include pregnancy within 3 months of death) 159

11. Industry or business _____

MOTHER FATHER { 12. Name Oliver F. Anderson

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

14. Maiden name Ellen Pearl

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

Major findings: None

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Oliver F. Anderson

(b) Address 3923 Garfield

17. (a) Burial (b) Date thereof 6-29-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edinwood

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 Mrs. C. L. Forster

(b) Address Kansas City, Missouri

19. (a) 6-28-45 Geraldine Holmes
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury 0

23. Signature [Signature] (M. D. or other) M.D.

Address 1907 Franklin Bldg Date signed 6/29/45

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

8308

Dr. Fosson
Dialto 23899

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 Joe B. Yoder
Licensed Embalmer No. 4173
P. O. Address 918 Brooklyn

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.

H.C. mo -