

S. No. 2
M-2-43
7-5-17-39
X35697

FILED FEB 11 1946

Registration District No. 177

Primary Registration District No. 1002

Registrar's No. 514

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:
3918 Charlotte, 4 Conv. Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months
(Specify whether years, months or days)

In this community 5 months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Miss Catherine Anderson

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

3. (c) Social Security No. no.

4. Sex female / 5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife X

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

7. Birth date of deceased June 19 1878
(Month) (Day) (Year)

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

67	7	12	hr. min.
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9. Birthplace Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation Music Teacher

11. Industry or business X

FATHER { 12. Name James G. Anderson

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

MOTHER { 14. Maiden name Josephine Robinson

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

16. (a) Informant Mrs. E. H. Newcomb,

(b) Address 7144 Jefferson, Kansas City, Mo.

17. (a) removal (b) Date thereof 2-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neosho, Missouri

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 2-1-46 (b) Essaldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 73

(c) City or town Neosho /
(If outside city or town limits, write "RURAL") 3

(d) Street No. - /
(If rural, give location) 2

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31
year 1946 hour 4:15 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 12
1945 to Jan. 31, 1946
that I last saw her alive on Jan. 27, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Rectum with metastases to the Liver (Inoperable)

Due to Same

Due to Same 46

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

Major findings: Metastases to the Liver (Left colon Colostomy)

Of operations (Left colon Colostomy)

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 G. Juarez-Reyna (M. D. or other)
Address 1612 Proj. Bldg. Date signed 2/1/46

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

18
3
8

814

Conf. Bldg.
2 P.M.

Dr. Claud Hurt

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 J. S. Allan
Licensed Embalmer No. 1415
P. O. Address K. C. 7770

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.