

S. No. 2  
DM-5-43  
v. 5-17-39  
P. 1 X36671

23480

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED AUG 5 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3172

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:  
3801 Warwick  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 3 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 3801 Warwick  
(If rural, give location)

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

3. (a) PRINT FULL NAME SARAH ARA ANDERSON

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe 5. Color of hair W

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

6. (b) Name of husband or wife B. Grant Anderson

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased 2-22-85  
(Month) (Day) (Year)

8. AGE: Years 61 Months 4 Days 29  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Home

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

MOTHER FATHER

12. Name Anthony Berkenmeir

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

14. Maiden name Rosy France

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

16. (a) Informant Rosy A Lyle

(b) Address 3801 Warwick

17. (c) Thayer Kansas Date thereof July 23 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thayer Kansas

18. (a) Signature of funeral director [Signature]

(b) Address 7408 Wornall Rd.

19. (a) 7-21-46 (b) Sheraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21  
year 1946 hour 4 minute 25 P. M.

21. I hereby certify that I attended the deceased from July 1  
1946, to July 21 1946  
that I last saw her alive on July 21 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 3 weeks

Due to myocardial failure

Due to Coronary Sclerosis

Other conditions 108  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy as above

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)  
(c) Means of injury \_\_\_\_\_

23. Signature A. E. Vangher (M. D. or other) D.D.O.

Address 616 Chambers Bldg Date signed 7-21-46

APR 9 1966

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 Howard I. Rol

Licensed Embalmer No. 2748

P. O. Address K. E. 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.