

S. No. 2
OM-5-43
v. 5-17-39
I X36

FILED AUG 19 1946
Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **3341**

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:
From Police Bldg on way to General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **20yrs** (Specify whether 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. **802 Tracy**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Charles B. Anderson**

3. (b) If veteran, name war **World War #2**

3. (c) Social Security No. **#unk**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **1**
year **1946** hour **3** minute **P.** M.

21. I hereby certify that I attended the deceased from **Coroner**, 19____, to _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **white**

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

6. (b) Name of husband or wife **Pauline Anderson**

6. (c) Age of husband or wife if alive **35** years

7. Birth date of deceased **April 26 1910**
(Month) (Day) (Year)

Immediate cause of death **Skull Fracture**

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) **1042**

8. AGE:	Years	Months	Days	If less than one day
	36 36	3	205	hr. _____ min.

Major findings:
Of operations _____

Of autopsy **no**
Honey & Jurgensen

MOTHER FATHER {

11. Industry or business _____

12. Name **Bert Anderson**

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

14. Maiden name **Thelma Martin**

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

16. (a) Informant **Pauline Anderson**

(b) Address **802 Tracy**

17. (a) **Burial** (b) Date thereof **Aug 5 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Floral Hill Cem.**

18. (a) Signature of funeral director **Mrs C. L. Forster**

(b) Address **918 Brooklyn**

19. (a) **8-3-46** (b) **Sheraldine Holmes**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **suicide**

(b) Date of occurrence **8-1-46**

(c) Where did injury occur? **Fl. Jackson Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place
(Specify type of place)

While at work? **no** (e) Means of injury **Fall**

23. Signature **Jamethon** (M. D. or other) **3**

Address **1424 W. My** Date signed **8-2-46**

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 J. S. Walters

Licensed Embalmer No. 2744

P. O. Address H. L. Mc

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.