

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1946
Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33431
Registrar's No. 4509

Primary Registration District No. 1002

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
In this community 50 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry Anderson
(b) If veteran, name war no
(c) Social Security No. no

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Rena M Anderson
(c) Age of husband or wife if alive 74 years
7. Birth date of deceased Feb-14 1866
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 11
If less than one day 7 hr. min.

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

10. Usual occupation Landscape Gardener

11. Industry or business Retired

12. Name Gerald Anderson

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

14. Maiden name Julia Thompson

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

16. (a) Informant Rena M Anderson

(b) Address 1204-B-14 st

17. (a) Burial (b) Date thereof Oct-28-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Am C R Foster

(b) Address 918 Broad St

19. (a) 10-28-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1204 East 14th St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month Oct. day 25th
year 1946 hour _____ minute 25 A. M.
21. I hereby certify that I attended the deceased from 10-16-46 to 10-25-46
that I last saw him alive on 10-25-46
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 93

Major findings: Of operations _____

Of autopsy no

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 0

23. Signature Wm W. Hart (M. D. or other) MD
Address MBD, Dir. K.C. Gen. Hospital Date signed 10-30-46

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..... *Dean Owens*

Licensed Embalmer No. *4280*

P. O. Address..... *K. C. , 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.