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FILED DEC 9 1946
Registration District No. 149

Primary Registration District No. 1002

State File No. _____
Registrar's No. 4030

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:
4501 Jackson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 30 years
years, months or days

3. (a) PRINT FULL NAME ARMSTID M. ANDERS

3. (b) If veteran, name war no

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Alma L. Anders

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased June 21 1876
(Month) (Day) (Year)

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

70	5	3	hr. min:
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9. Birthplace Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business X

12. Name John B. Anders 9

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

14. Maiden name Unknown

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

16. (a) Informant Presley L. Anders

(b) Address 3204 Windsor

17. (a) Burial (b) Date thereof 11-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Wilks Funeral Home

(b) Address 2315 Linwood K. C. 3 Mo

19. (a) 11-25-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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")

(d) Street No. 4501 Jackson 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 24
year 1946 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 29, 1945 to November 24, 1946
that I last saw him alive on October 30, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration few minutes

Due to Chronic cardio-vascular-renal disease 20 years

Due to _____

Other conditions 0
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 C. F. Bent (M. D. number) _____

Address 1306 Bryant Bldg. Date signed 25 Nov 46

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

1306 Bryant

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 *Chas E. Welks*.....

Licensed Embalmer No. *2644*.....

P. O. Address *H.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.