S. No. 2
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PI X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 953

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 93

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: 1518 Lydia Ave 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 4 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

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

(d) Street No. 1518 Lydia Ave (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME CLARISSIE ANDERSON

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased 10 (Month) 25 (Day) 1867 (Year)

8. AGE: Years 79 Months 2 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Texas 1 (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Jack Meendine
13. Birthplace ..... (City, town, or county) Texas 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Caroline Connery

(b) Address 1518 Lydia Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 10-47 (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director H B Moore

(b) Address 1820 E. 18 st

19. (a) 1-9-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 6 year 1947 hour 6 minute AM M.

21. I hereby certify that I attended the deceased from Jan 6, 1947 to Jan 6, 1947 that I last saw her alive on Jan 6, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Decayed Degree burn whole left side, abdomen, breasts, back

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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) accident gas stove 123

(b) Date of occurrence Dec 16-1946

(c) Where did injury occur? home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home 0 (Specify type of place)

While at work? no (e) Means of injury Gas Stove

23. Signature D M Miller (M. D. ~~or other~~)

Address 1605 E. 18 - Kc. Mo. Date signed 1-9-47

(Licensed Embalmer's Statement on Reverse Side)

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 H B Moore

Licensed Embalmer No. 2440

P. O. Address 1820 East 18th

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.