

FILED NOV 4 1947/49

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4296

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:
Menorah Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 Months
(Specify whether
 In this community 35 Years
years, months or days)

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

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Andrew L. Anderson 6. (c) Age of husband or wife if alive Unknown years
 7. Birth date of deceased October 3, 1895
(Month) (Day) (Year)

8. AGE: Years 52 Months 0 Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph House 9
 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Louise
 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Andrew L. Anderson
 (b) Address 7335 Main K.C. MO.

17. (a) Burial (b) Date thereof 10-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery
Stine McCiure

18. (a) Signature of funeral director _____
 (b) Address 3235 Gillham Plaza

19. (a) 10-21-47 (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. 7335 Main 8
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18
 year 1947 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from 1937
 _____, 19____, to Oct 18, 1947
 that I last saw her alive on Oct 17, 1947,
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Metastatic Carcinoma of
Left Breast
 Due to Primary carcinoma of
rt Breast.
 Due to _____
 Other conditions 5.0
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of rt
Breast.
 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) _____
 (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?

(Specify type of place)
 While at work? _____ (c) Means of injury _____
 23. Signature [Signature] (M. D. or other) MD
 Address 1025 Prob Bldg Date signed 10/18/47

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

13.

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. Clair Shppard*
Licensed Embalmer No. *4579*
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.