

S. No. 2
 FORM-2-43
 Rev. 5-17-39
 X35697

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED NOV 29 1947

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

37980

State File No. _____
 Registrar's No. **4790**

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH: **Jacks on**
 (a) County _____
 (b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **424 North Oakley**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **no.**
(Specify whether
 In this community **40 years**
years, months or days)

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. **424 North Oakley** **0**
(If rural, give location)
 (e) Citizen of foreign country? **no.** (Yes or No)
 If yes, name country _____ **X** **11**

3. (a) PRINT FULL NAME **Henry D. Anderson**
 (b) If veteran, name war **no.**
 (c) Social Security No. **486-07-7775-2**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **November** day **15**
 year **1947** hour **7:00** minute **A.** M.

4. Sex **male** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **married**
 (b) Name of husband or wife **Mrs. Rhoda Anderson**
 (c) Age of husband or wife if alive **58** years
 7. Birth date of deceased **March 4 1877**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Dec. 27** 19 **46** to **Nov. 15** 19 **47**
 that I last saw him alive on **Nov. 14** 19 **47**
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	70	8	11	hr. _____ min. _____

Immediate cause of death: **Decompensated myocarditis** **6 mo.**
 Due to **Essential Hypertension** **6 mo.**

9. Birthplace: **Kansas**
(City, town, or county) (State or foreign country)

Due to _____
 Other conditions: _____
(Include pregnancy within 3 months of death)

10. Usual occupation **Retired**
 11. Industry or business **Insurance**

Major findings: **920**
 Of operations _____
 Of autopsy _____

MOTHER FATHER
 12. Name **Bernard Anderson**
 13. Birthplace **Sweden**
(City, town, or county) (State or foreign country)
 14. Maiden name **Mary Brandle**
 15. Birthplace **Sweden**
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Rhoda Anderson**
 (b) Address **424 N. Oakley, Kansas City, Mo.**
 17. (a) **burial** (b) Date thereof **11-17-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

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)

18. (a) Signature of funeral director **Stine & McClure**
 (b) Address **3235 Gillham Plaza, K. C., Mo.**
 19. (a) **11-17-47** (b) **Steraldine Holmes**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury **8**
 23. Signature **J. J. Poesch** (M. D. or other) **DO.**
 Address **5902 St. John** Date signed **11/15/47**

Dr. Poelik, St. John and Bellaire

Just 1062
10-12

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 *Clair Sheppard*
Licensed Embalmer No. *141179*
P. O. Address *17 E. Myo*

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.