

No. 2
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JAN 27 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 962

Registrar's No. 174

Registration District No. 149

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:
in car at 47th & Troost Ave. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County CARROLL 17
(c) City or town Breckenridge 0
(If outside city or town limits, write "RURAL.") 0
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME THOMAS B. ANDERSON

3. (b) If veteran, name war None 3. (c) Social Security No. 500-20-8429

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillie Anderson 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased: Aug. 22 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 4 2D
hr. _____ min.

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Butcher

11. Industry or business _____

MOTHER FATHER

12. Name Thomas B. Anderson 0

13. Birthplace Missouri (City, town, or county) (State or foreign country) 0

14. Maiden name Mathilda Stewart

15. Birthplace Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs. Lillie Anderson

(b) Address Breckenridge, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-48
(Month) (Day) (Year)

(c) Place: burial or cremation Chillicothe, Mo.

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

(b) Address Kansas City, Missouri

19. (a) 1-13-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12th
year 1948 hour 5:20 PM minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cornary sclerosis
status scleris

Due to _____
Other conditions (Include pregnancy within 3 months of death) 93.5

Major findings: Of operations _____

Of autopsy no
Heart + Spleen

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 [Signature] (M. D. or other) [Signature]
Address 1424 7th St Date signed 1-18-48

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.....

Blaine E. Weiler

Licensed Embalmer No.....

4075

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.