

No. 2
5-43
17-39
X36871

FILED NOV 16 1948

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4350

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:
General Hospital No. 1 ✓
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 hrs.
(Specify whether years, months or days)

In this community 31 YEARS

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. 3523 Warwick 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) ✓

If yes, name country.....

3. (a) PRINT FULL NAME IRVIN Forest Anderson

3. (b) If veteran, name war No

3. (c) Social Security No. 495-09-3379

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24
year 1948 hour 2 minute 15 A. M.

4. Sex MALE Color or race WHITE

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

6. (b) Name of husband or wife MRS. MARJORIE ANDERSON

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased JUNE 17 1917
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 23 1948 to Oct. 24 1948
that I last saw him alive on Oct. 24 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Far advanced pulmonary tuberculosis

Due to.....

Due to.....

Other conditions 15 hrs
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>31</u>	<u>4</u>	<u>7</u>	<u>25</u> hr. <u>.....</u> min.

Major findings: Of operations.....

Of autopsy..... None

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

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

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?.....

MOTHER FATHER

11. Industry or business NO PROFESSION

12. Name HENRY IRVIN ANDERSON

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

14. Maiden name MARY VAN HOOSER

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

16. (a) Informant MRS. MARJORIE ANDERSON

(b) Address 3523 WARWICK BLVD

17. (a) BURIAL (b) Date thereof OCT. 26 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETARY

23. Signature Wm. W. Hart W. W. Hart
(Specify type of place) (e) Means of injury

While at work?.....

Address Med. Dir. Gen'l Hosp.

Date signed 10-25-48

18. (a) Signature of funeral director D. W. Newcomer, Inc.

(b) Address 1461 BRUSH CREEK BLVD.

19. (a) 10-26-48 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

B. [unclear]

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 *John E. Fraking*.....

Licensed Embalmer No. *4483*.....

P. O. Address *Kansas City, 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.