

FILED FEB 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5762

State File No. _____

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BIRTH NO. _____		REG. DIST. NO. <u>280</u>		PRIMARY REG. DIST. NO. <u>6968</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>Platte Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platt</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Northmore Mo.</u>		c. LENGTH OF STAY (in this place) <u>May 24yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Northmore Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Northmore Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Northmore Mo.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lenora</u> b. (Middle) <u>Zoe</u> c. (Last) <u>Anderson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 12 1949</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 2, 1899</u>		9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months <u>xx</u> Days <u>x</u> Hours <u>x</u> Mins. <u>x</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (State or foreign country) <u>St. Clair Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>James Boswell</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Sims</u>		14. NAME OF HUSBAND OR WIFE <u>W.D. Anderson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W.D. Anderson Northmore Missouri</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension cordis vascularis disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Hypertrophic arthritis</u> <u>Hypo parathyroidism</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1938</u> , to <u>Feb 12, 1949</u> , that I last saw the deceased alive on <u>Feb 12, 1949</u> , and that death occurred at <u>10:30 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Leback Fowler</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>2025 Swift, No. Han City Mo.</u>		23c. DATE SIGNED <u>2/14/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 15, 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East Slope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>North Kansas City Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Feb 14 - 49</u>	REGISTRAR'S SIGNATURE <u>B. Phia. Rollins</u>		257	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Morton-Smith's Funeral Home</u>			

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-24-49

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed Theon O Smith

Signed.....
Student Embalmer

Licensed Embalmer No. 3928

P. O. Address North Kansas City

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.