

FILED MAY 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH12265
State File No. 1699

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1699</u>	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City Mo		c. LENGTH OF STAY (in this place) 40 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City, Missouri		d. STREET ADDRESS (If rural, give location) 723 West 45th Street	
3. NAME OF DECEASED (Type or Print) a. (First) Mrs. Elizabeth H. b. (Middle) ANDERSON c. (Last) ANDERSON				4. DATE OF DEATH (Month) (Day) (Year) April 17 1949			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1-5-1889	
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Alston South Carolina	
11. BIRTHPLACE (State or foreign country) U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Shoemaker		13b. MOTHER'S MAIDEN NAME Annie Land	
13c. MOTHER'S MAIDEN NAME Annie Land		14. NAME OF HUSBAND OR WIFE Dr Isadore Anderson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Dr Isadore Anderson		17. INFORMANT'S SIGNATURE OR NAME Dr Isadore Anderson		17. INFORMANT'S SIGNATURE OR NAME 723 W 45th St.		17. INFORMANT'S SIGNATURE OR NAME 723 W 45th St.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Pancreas metastases to liver.</u>				INTERVAL BETWEEN ONSET AND DEATH 5			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 4-6-1949		19b. MAJOR FINDINGS OF OPERATION Carcinoma Pancreas - metastases liver				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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		21g. HOW DID INJURY OCCUR?		21h. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>March 20, 1949</u> to <u>Apr. 17, 1949</u> , that I last saw the deceased alive on <u>April 17, 1949</u> , and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE M. Ziegler				23b. ADDRESS 320 S. 47th St. Kansas City, Mo.		23c. DATE SIGNED 4-18-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 4-18-49		24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 4-18-49		REGISTRAR'S SIGNATURE Gouldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE France - Wornall Funeral Home		ADDRESS France - Wornall Funeral Home	

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student
Student Embalmer

Signed

Russell W. France

Licensed Embalmer No. *4255*

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.