

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18500**
2288

FILED JUN 16 1955

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

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 township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 29 yrs.	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hosp.		STREET ADDRESS (If rural, give location) 4111 E. 19th. St.	
3. NAME OF DECEASED (Type or Print) a. (First) Merle b. (Middle) Ruby c. (Last) Anderson		4. DATE OF DEATH (Month) (Day) (Year) May 26, 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH Jan. 21, 1910
9. AGE (In years last birthday) 45		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Filler - Economy		10b. KIND OF BUSINESS OR INDUSTRY Hardware Co.	11. BIRTHPLACE (City and State or Foreign Country) Eldon, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME William Etter	
13b. MOTHER'S MAIDEN NAME Ruby Shoemaker		14. NAME OF HUSBAND OR WIFE George Anderson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 486-07-9706	17. INFORMANT'S SIGNATURE OR NAME Carmen Carroll ADDRESS 2339 Norton

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) generalized carcinomatosis		
DUE TO (c) Cervical Carcinoma treated in 1951				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				17/18
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **April 2, 1951**, to **May 26, 1955**, that I last saw the deceased alive on **May 26, 1955**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh G. Hamilton (Degree or title) M.D.	23b. ADDRESS 1107 Bryant Hwy. 1/2 C. Mo.	23c. DATE SIGNED 6/27/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 28, 1955	24c. NAME OF CEMETERY OR CREMATORY Green Lawn Ceme.	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 5-27-55	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE Earp & Sons ADDRESS 4139 Truman Rd. K.C. Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

1180. 1180
D

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.....
Signature of Student Embalmer

Signed.....
William H. Enya

Licensed Embalmer No. 4728

P. O. Address.....
K.C. 31

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.