

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 399)

Registration District No. 399
Primary Registration District No. 1003
Menorah Hospital

File No. 16486
Registered No. 1972
St. _____ Ward _____

2. FULL NAME Louise Kemper Anderson

(a) Residence, No. 1411 Valention Road St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cash C. Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5, 1860

7. AGE YEARS 72 MONTHS 5 DAYS 1 If LESS than 1 day, hrs. min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER FATHER 13. NAME Casper Kemper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT C. C. Anderson (ADDRESS) 1411 Valention Road

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Cem DATE May 8, 1933

19. UNDERTAKER Wagner Funeral Home (ADDRESS) 204 W. Linwood

20. FILED May 8, 1933 M. M. Kerome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 33 '19

22. I HEREBY CERTIFY, That I attended deceased from Apr. 27, 1933, to May 6, 1933. I last saw alive on May 6, 1933. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis Date of onset _____ years
Encephalomalacia
myocarditis chronic
acute

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) Abraham Sophian M. D.

(Address) 1405 Bryker Bldg

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

On paper
1405 Bryant Block -
151314

3:30 on Saphan Plaza