

REC'D MAY 9 1938

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

13754

Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 1734
(c) City K. C. Mo. (d) Street No. Research Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Miss Elizabeth Lucille Anderson 536
(a) Residence, No. 650 W. 70th St. Terrace St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

- | | | |
|--|----------------------------------|--|
| 3. SEX
<u>Female</u> | 4. COLOR OR RACE
<u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
<u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 1, 1923</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>14</u> | <u>6</u> |
| | | DAYS |
| | | <u>23</u> |
| | | If LESS than 1 day, hrs. or min. |
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School Girl
9. Industry or business in which work was done, as 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)
- Kansas City, Mo.

13. NAME
- Walter E. Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
- Stillwater, Minn.

15. MAIDEN NAME
- Beatrice Newstrom

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
- Minneapolis, Minn.

17. INFORMANT (ADDRESS)
- Walter E. Anderson
-
- 650 W. 70th St. Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE
- Mt. Moriah
- DATE
- Apr. 26, 1938

19. FUNERAL DIRECTOR (ADDRESS)
- Wagner Funeral Home
-
- Kansas City, Mo.

20. FILED
- 4-25
- 19
- 38
- M. M. Crowe
- Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)
- Apr. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from
- 4-3-38
- , 19
- 38
- , to
- 4-24-38
- , 19
- 38

I last saw her alive on 4-24-38, 1938 Death is said to have occurred on the date stated above, at 1:50 m. am

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

Pneumonia lobar
bilateral
10th

Date of onset 4-3-38

Other contributory causes of importance:

Intest obstruction 7-10

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No23. 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) M. M. Crowe M. D.(Address) 724 E. 1st St.

(Licensed Embalmer's Statement on Reverse Side)

REPRODUCED AND RESERVED FOR BINDING

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

50M-7 (3-37)

I X12004

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
.....L. E.....
No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)

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1000
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