

FILED MAR 11 1940

Registration District No.

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3709 Bellefontaine Avenue 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 20 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mr. William L. Anderson

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Thelma Anderson 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased March 8, 1903
(Month) (Day) (Year)

8. AGE: Years 36 Months 11 Days 11 If less than one day hr. min.

9. Birthplace Perkins Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation Mail Clerk

11. Industry or business General Post Office

12. Name Jasper J. Anderson

13. Birthplace Salsbury Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ada E. Lockett

15. Birthplace Independence Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. L. Anderson
 (b) Address 3709 Bellefontaine Avenue

17. (a) Burial (b) Date thereof Feb. 22, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation by 11111 Memorial Park Cem.

18. (a) Signature of funeral director D. V. Newcomer, Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 2-22-40 (b) M. M. Craue
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 3709 Bellefontaine Avenue
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19th year 1940 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Fibrous Myocarditis
Coronary Atherosclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____

(Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
 Address _____ Date signed _____

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed George M. Collier

Licensed Embalmer No. 3839

P. O. Address D. 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, above space should be left blank.