S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11263

FILED APR 23 1940
Registration District No. 4484

Primary Registration District No. 5558

Registrar's No. 33

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

1. PLACE OF DEATH:

(a) County Jackson (Washington Tp.)

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
910 East 79th Street Terrace
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -- (Specify whether years, months or days) 2

In this community 25 Years

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. 910 East 79th Street Terrace
(If rural, give location)

(e) If foreign born, how long in U. S. A.? -- years.

3. (a) PRINT FULL NAME Mrs. Emma L Anderson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Rev. Eli P. Anderson

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased November (Month) 23 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
73	3	18	hr. min.

9. Birthplace Philadelphia (City, town, or county) Pennsylvania (State or foreign country)

10. Usual occupation At Home

11. Industry or business --

MOTHER FATHER

12. Name James Fielding

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

14. Maiden name Mary Mills

15. Birthplace Philadelphia (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant Miss S. Helen Anderson

(b) Address 910 East 79th Street Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 13, 1940 (Month) (Day) (Year)

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

18. (a) Signature of funeral director R. N. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 4-9-40 (Date received local registrar) (b) R. V. Lindley & Sons (Registrar's signature)
By Robert H. Kerb

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th year 1940 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec 3, 1939, to March 11, 1940 that I last saw h alive on March 9, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	5 days
Due to Carcinoma of Bladder	not known
Due to	
Other conditions (Include pregnancy within 3 months of death)	

PHYSICIAN

Major findings of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. E. Carlson M. D. (M. D. or other)

Address 1530 Professional Bldg.

March 11, 1940

15304 Professional Bldg
2:30.5

JUN 30 1960

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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

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, above space should be left blank.