

JUN 17 1940

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **1902**

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: 537 Charlotte in Rear
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
 (Specify whether years, months or days)
 In this community 20 years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME CHARLES ANDERSON

3. (b) If veteran, name war no **(c) Social Security No.** 710

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

6. (b) Name of husband or wife Hellie Anderson **6. (c) Age of husband or wife if alive** 50 years

7. Birth date of deceased Oct 25 1887
 (Month) (Day) (Year)

8. AGE: Years 52 Months 6 Days 4 If less than one day hr. _____ min. _____

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

10. Usual occupation Common Laborer

11. Industry or business _____

12. Name Edward Anderson

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

14. Maiden name Ada Williams

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

16. (a) Informant's own signature Hellie Anderson

(b) Address 537 Charlotte in Rear

17. (a) Burial **(b) Date thereof** 5-8-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director B. B. Moore

(b) Address 1820 E 18th St.

19. (a) May 7, 1940 **(b) M. M. Crowe**
 (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. 537 Charlotte Rear
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29, 1940
 year 1940 hour 7:00 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from March 17, 1940, to April 29, 1940;
 that I last saw him alive on March 24, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Infarction - Duration _____
with D. embolism
Iran

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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 Chas P Spruce (M. D. or other) _____
 Address 719 1/2 Independence Ave Date signed 5-3-40

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.

1 X1931

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.....

AB Moor

Registered Apprentice No.....

working under my personal supervision.

Signed.....

AB Moor

Licensed Embalmer No.....

2410

P. O. Address.....

1820 E 18th St

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.