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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9559
968

Registration District No. 1999 APR 15 1941

Primary Registration District No. 1002

Registrar's No.

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: 1115 West 12th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 35 years
years, months or days)

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. 1526 Lawn Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Carl Guy/Anderson

3. (b) If veteran, name war None

3. (c) Social Security No. 486-03-5754

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Leticia Anderson

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased June (Month) 26 (Day) 1900 (Year)

8. AGE: Years 40 | Months 8 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business City Ice Company

FATHER
12. Name Winfield Anderson
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Effie Reno
15. Birthplace Illinois (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs. Leticia Anderson
(b) Address 1526 Lawn Ave. K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 10th (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director Rose & Henderson
(b) Address Kansas City Mo.

19. (a) Mar 10 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3-6-41 day
year ..... hour ..... minute 10:20 P M.

21. I hereby certify that I attended the deceased from Deputy Coro, 19.. to ....., 19..;
that I last saw h..... alive on ....., 19..;
and that death occurred on the date and hour stated above.

Immediate cause of death Crushing Injury of Chest

Due to Fall from Viaduct

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) Do not know
(b) Date of occurrence 3-6-41
(c) Where did injury occur? K C Jackson (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Fall from Viaduct (Specify type of place)
While at work? (e) Means of injury Fall from viaduct

23. Signature Russell W. Beans (M. D. or other) 3
Address Kan Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Blaine C. Weilent

Licensed Embalmer No. 4075

P. O. Address 2332 Monitor Pla

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.