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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17421

Registration District No. 399 \ Primary Registration District No. 1002 Registrar's No. 2083

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: 2440 Woodland (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 14 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 7 (If outside city or town limits, write "RURAL")

(d) Street No. 2440 Woodland (If rural, give location)

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

3. (a) PRINT FULL NAME CHAS. ANDERSON

3. (b) If veteran, name war — 3. (c) Social Security No. —

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

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Not (Month) 29 (Day) 1887 (Year)

8. AGE: Years 54 Months 5 Days 25 If less than one day ..... hr. ..... min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Not Known

13. Birthplace Not Known (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Not Known

15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant Julia Hill

(b) Address 2440 Woodland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 28 41 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Highland

18. (a) Signature of funeral director [illegible]

(b) Address 1905 E 14 [illegible]

19. (a) May 28, 1941 (Date received local registrar) (b) M. M. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1941 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from Apl 16, 1941, to May 24, 1941; that I last saw him alive on May 20, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation — Duration 1 year about

Due to — 92 B

Due to — 92 B

Other conditions — (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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? (Specify type of place)

While at work (e) Means of injury

23. Signature [illegible] (M. D. [illegible])

Address 2202 E 18th Date signed 5/26/41

(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 L. J. Harris, Sr.

Licensed Embalmer No. 3388

P. O. Address Kermo

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

If this body is not embalmed, above space should be left blank.