

SEP 17 1941

Registration District No. 400

Primary Registration District No. 5553B

Registrar's No. 437

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Prairie Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Jackson County Home for the AG & d  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 years 9 mo  
(Specify whether  
In this community Y  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 720  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 10 years.

8. (a) PRINT FULL NAME Margaret Anderson

8. (b) If veteran,  name war \_\_\_\_\_ 8. (c) Social Security  No. \_\_\_\_\_

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Thomas C Anderson 6. (c) Age of husband or wife if alive  years  
7. Birth date of deceased AUG 18 1897  
(Month) (Day) (Year)

8. AGE: Years 84 Months 0 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation HOUSEWIFE

11. Industry business  
12. Name Joseph Loefler  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Crowe  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Records, Jackson County Home  
(b) Address LITTLE BLVD, 720

17. (a) Burial (b) Date thereof 8-22-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Floral Hills Cem. K.C.

18. (a) Signature of funeral director H.B. Langford  
(b) Address Lee's Summit Mo

19. (a) 8-22-41 (b) Eric L. Barnes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 20  
year 1941 hour 2 minute 20 P M.

21. I hereby certify that I attended the deceased from Aug 1, 1941, to Aug 20, 1941, that I last saw him alive on Aug 20, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 h

23. Signature J. W. Greene (M. D. or other) \_\_\_\_\_  
Address St. Louis Date signed 9-41

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

48  
0  
0

048  
0  
0

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 *W.B. Langford*

Licensed Embalmer No. *3833*

P. O. Address *Les Summit*

**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.