

FILED MAR 16 1942  
Registration District No. 589

Primary Registration District No. 1002

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:  
Conley Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 Days (Specify whether  
In this community 6 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. 619 North Garland (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lennie E. Anderson

3. (b) If veteran, name war No 3. (c) Social Security No. 487-27-2666

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

6. (b) Name of husband or wife Betty Anderson 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Nov. 28 1890  
(Month) (Day) (Year)

8. AGE: Years 51 Months 3 Days 6 If less than one day  
hr. min.

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

10. Usual occupation Empire Storage & Ice

11. Industry or business \_\_\_\_\_

12. Name Solomon Anderson

13. Birthplace No Record  
(City, town, or county) (State or foreign country)

14. Maiden name Ossa Miles

15. Birthplace Gentry Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lennie Anderson

(b) Address 619 North Garland

17. (a) Burial (b) Date thereof 3/4/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lacygne, Kansas

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn

19. (a) 3/4/42 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 4<sup>th</sup>  
year 1942 hour 8:05 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 3/4 1942 to 3/26/42 1942  
that I last saw him alive on 3/3/42 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration \_\_\_\_\_

Due to pneumococcal infection

Direct cause pulmonary edema

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

Major findings: 108  
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 0

23. Signature M. M. Crow (M. D. or other)  
Address 2105 Independence Ave Date signed 3/4/42

**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed J. C. Shippard  
.....  
Licensed Embalmer No. 4179  
.....  
P. O. Address H. C. Pass  
.....

**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, fact should be so stated above.**