7. S. No. 2
DM—9-4-41
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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. 23270

FILED AUG 1 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2800

48
3
8

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (specify whether years, months or days)

In this community rusk.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Jackson

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

(d) Street No. 548 Main St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME: Harry C Anderson

3. (b) If veteran, name war: Do not Know

3. (c) Social Security No.: Do not Know

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Do Not Know

6. (b) Name of husband or wife: Do Not Know

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

7. Birth date of deceased: (Month) (Day) 1895 (Year)

8. AGE: Years 47 | Months | Days | If less than one day: hr. min.

9. Birthplace: Do not Know (City, town, or county) 9 (State or foreign country)

10. Usual occupation: Do not Know

11. Industry or business:

FATHER
12. Name: Do Not Know
13. Birthplace: Do not Know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Do not Know
15. Birthplace: Do not Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Do not Know
(b) Address: Do no t Know

17. (a) School (Burial, cremation, or removal) (b) Date thereof: July 23 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: K. C. College of Osteopathy

18. (a) Signature of funeral director: Passantino Bro's
(b) Address: K. C. Mo.

19. (a) 7-24-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1942 hour 6 minute P M.

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

	Duration
Immediate cause of death: Pneumothorax, Pulmonary tuberculosis, Left chronic	
Due to: —	
Due to: 93A —	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: Respiratory and Gastrointestinal	

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: (M. D. or other) Is

Address: Date signed 7/23/42

36 1 (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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address K. C. Mo.

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.