

FILED JAN 11 1948
 149

Registration District No. _____

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:
5811 East 35th Terrace /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **24 days** (Specify whether 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. **5811 East 35th Terr.**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Alonzo Booker Anderson**
 (b) If veteran, name war **None**
 (c) Social Security No. **None**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **August** day **29th**
 year **1942** hour **5** minute **A.** M.

4. Sex **Male** 5. Color or Race **Col.**
 6. (a) Single, widowed, married, divorced **Single**
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Dec. 5, 1942**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Dec. 5, 1942** to **Dec. 29, 1942**
 that I last saw him alive on **Dec. 29, 1942**
 and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days **24**
If less than one day hr. _____ min. _____

Immediate cause of death **General Mal. Nutrition**
 Duration _____

9. Birthplace **Kansas City Missouri**
(City, town, or county) (State or foreign country)
Infant

Due to **Underdevelopments, Low Vitality**
 Due to **158**

10. Usual occupation _____

Other conditions **(Twin)**
(Include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name **James Arthur Anderson**
 13. Birthplace **Waskom Texas**
(City, town, or county) (State or foreign country)
 14. Maiden name **Armenta Gales**
 15. Birthplace **Bessmer Alabama**
(City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.
 Major findings:
 Of operations _____
 Of autopsy **no**

16. (a) Informant **James A. Anderson**
 (b) Address **5811 East 35th Terr.**
burial (b) Date thereof **Jan 2 / 43**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Lincoln Cemetery**
 18. (a) Signature of funeral director **Waltkins Bros**
 (b) Address **1729 Lydia**
 19. (a) **12-31-42** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

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 **L. W. Booker** (M. D. or other) _____
 Address **2028 Union** Date signed **12/31/42**

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Barber

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 *I. J. Manlove*
Licensed Embalmer No. *3994*
P. O. Address *25039 Highland*

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.