

FILED JUN 7 1948
Registration District No. 749

Primary Registration District No. 1002

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:
1330 Bellefontaine /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20 YRS years, months or days

3. (a) PRINT FULL NAME MARTIN ANDERSON

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MALINDA 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Nov. 19, 1862
(Month) (Day) (Year)

8. AGE: 80 Years 5 Months 2 1/2 Days If less than one day hr. min.

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

10. Usual occupation RETIRED GROCER

11. Industry or business SELF

MOTHER FATHER { 12. Name ANDREW J. ANDERSON
13. Birthplace UNKNOWN 4
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant Berniece Grimsley
(b) Address 1330 Bellefontaine

17. (a) Removal (b) Date thereof May 16, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PARNELL MO

18. (a) Signature of funeral director C.A. BLACKMAN

(b) Address 2225 LINCOLN BLVD

19. (a) 5-14-48 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

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. 1330 Bellefontaine
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13 day May
year 48-11 hour _____ minute _____ P. M.

21. I hereby certify that I attended the deceased from 1937
_____ 19____ to _____ 5-13 1948
that I last saw him alive on 5-13 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Hypostatic Bronchial
Pneumonia 2 days
Due to Pulmonary Tuberculosis 5 yrs.

Due to Generalized arterial sclerosis yrs.

Other conditions (Include pregnancy within 3 months of death) 13 B1

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 _____

23. Signature Thos M. Hale (M. D. or other)
Address 4220 Under Ave Date signed 5-14-48

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

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 B. H. B. Keenan

Licensed Embalmer No. 2244

P. O. Address.....

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.