

**FILED JUL 8 1943**  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

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

1. PLACE OF DEATH: **Jackson**

(a) County **Kansas City**

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

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

(d) Length of stay: In hospital or institution **8 Days** (Specify whether)

In this community **12 Years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** County **Jackson**

(b) City or town **Kansas City**

(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")

(d) Street No. **3216 East 68th St**  
(If rural, give location)

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

If yes, name country **no**

3. (a) PRINT FULL NAME **Mrs Louise Anderson**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **Fe** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **W. W.** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Dec 20 1867**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>75</b>	<b>5</b>	<b>28</b>	hr. _____ min.

9. Birthplace **North Carolina** (State or foreign country)

10. Usual occupation **Home**

11. Industry or business **Newton Allen**

MOTHER FATHER

12. Name **Unknown**

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name **Azenatha Allen**

15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Chas F Anderson**

(b) Address **3216 E 68th K.C.MO.**

17. (a) **Removal** (b) Date thereof **6 20 43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Carthage Mo Eylar Funeral Home**

18. (a) Signature of funeral director **1800 Linwood Blvd**

(b) Address \_\_\_\_\_

19. (a) **6-20-43** (b) **P. E. Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **18**  
year **1943** hour **6** minute **P.M.**

21. I hereby certify that I attended the deceased from **June 15th** 19**43**, to **June 18** 19**43** that I last saw him alive on **June 18** 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death **atalectasis Pulmonary myocarditis**

Due to **Ca sigmoid**

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

Major findings: **Ca sigmoid**  
Of operations \_\_\_\_\_  
Of autopsy **not finished**

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 **G**

23. Signature **W. Montgomery** (M. D. or other)  
Address **Profess Bldg** Date signed **6/20/43**

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Dr James C. Montgomery  
Proff Bg Ha1614

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 Chas W. Ellis

Licensed Embalmer No. 9644

P. O. Address. 1800 Linwood

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.