

FILED AUG 14 1943 149

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3358

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: General Hospital #20
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7/31-8/2/43
(Specify whether years, months or days)

In this community 16 Years

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. 2316 Tracy--2nd So.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WALTER H. ANDERSON

3. (b) If veteran, name war no

3. (c) Social Security No. 500-22-6774

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Vivian Anderson

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased September 9 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

41	10	23	_____ hr. _____ min.
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9. Birthplace Springfield Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business _____

MOTHER FATHER {

12. Name Augustus W. Anderson

13. Birthplace Macon Georgia
(City, town, or county) (State or foreign country)

14. Maiden name Maud Wilson

15. Birthplace Omaha Nebraska
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-4-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director W. H. Appleton, Jr.

(b) Address 1905 Vine St

19. (a) 8-3-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2
Year 1943 hour 5:15 minute A M.

21. I hereby certify that I attended the deceased from July 31 1943 to August 2 1943
that I last saw him alive on August 2 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute congestive heart failure

Duration _____

Due to Hypertensive type heart disease.

Due to 93d

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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 _____

23. Signature P. E. Brown (M. D. or other) MA.

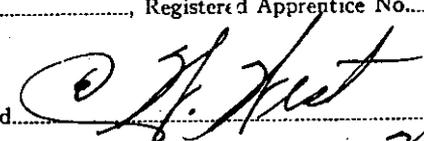
Address Gen. Hosp. #2-6006-22nd St. Date signed 8-3-43

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.....


Licensed Embalmer No. 7710

P. O. Address K. C. M. O.

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.