

FILED JAN 5 1943

Registration District No. _____

Primary Registration District No. **1002**

Registrar's No. _____

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:
Nora Clark Home 42813 Troost
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks
(Specify whether years, months or days)

In this community 37 Years (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. 116 N. Mersington
(If rural, give location)

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

3. (a) PRINT FULL NAME EMMA MAY ANDERSON

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe. 5. Color or race White

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 May 17, 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>7</u>	<u>3</u>	hr. min.

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER

12. Name John W. Anderson

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

14. Maiden name Mary Ann Sneathen

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

16. (a) Informant Charles Anderson

(b) Address 334 N. Lawndale

17. (a) Burial (b) Date thereof 12/22/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address Kansas City Mo.

19. (a) 12-22-43 (b) D. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20
year 1943 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 10, 1943 to Dec 20, 1943
that I last saw her alive on Dec 19, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Flu

Due to Mythical Ref

Due to 336

Other conditions (Include pregnancy within 3 months of death)

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)

23. Signature R. L. St. Clair (M. D. or other)

Address 5242 Sepul Date signed 12/22/43

Duration 6 weeks

2 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *H. D. Blackman*.....
Licensed Embalmer No. *3639*.....
P. O. Address *H. C. No*.....

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.