S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1945

Registration District No. 146

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 9827

Registrar's No. 55

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution:
803 W. MAPLE
(If not in hospital or institution, write street number or location)

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

In this community 50 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

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

(d) Street No. 803 W. MAPLE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MRS. MILLIE ANDERSON

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband ~~or wife~~ JAMES M. ANDERSON

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

7. Birth date of deceased 3 (Month) 1 (Day) 1858 (Year)

8. AGE: Years 86 Months 11 Days 16 If less than one day hr. min.

9. Birthplace JOHNSON COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation NONE

11. Industry or business NONE

MOTHER FATHER

12. Name JESSE McCHRISTY

13. Birthplace NO RECORD (City, town, or county) KENTUCKY (State or foreign country)

14. Maiden name JANE JOLLEY

15. Birthplace NO RECORD (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant MRS. MAE GENTRY

(b) Address 803 W. MAPLE AVE.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 2-19-45 (Month) (Day) (Year)

(c) Place: burial or cremation KNOBNOSTER MISSOURI

18. (a) Signature of funeral director [illegible]

(b) Address 815 W. MAPLE AVE.

19. (a) 2-19-45 (Date received local registrar) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 16 year 1945 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 11, 1945, to Feb 16, 1945, that I last saw h. alive on Feb 16, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Cardiac Dilitation	40 min
Due to Coronary occlusion	
Which occurred Jan 11-1945	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no operation
Of autopsy no 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. H. Allen D (M. D. or other) MD

Address Independence Mo Date signed 2-17-45

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(Licensed Embalmer's Statement on Reverse Side)

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 Henry W. Stahl

Licensed Embalmer No. 2486

P. O. Address Independence Pa.

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.