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M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20134**
Registrar's No. **2567**

FILED JUN 25 1946
Registration District No. **149**

Primary Registration District No. **1002**

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:
20 West 36th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no.** (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 **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **20 West 36th Street**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **X**

3. (a) PRINT FULL NAME **Dr. Russell Ventis Anderson**
(b) If veteran, name war **no.**
(c) Social Security No. **no.**

4. Sex **male**
5. Color or race **white**
6. (a) Single, widowed, married, divorced **widowed**
(b) Name of husband or wife **Mrs. Dora Fulton**
(c) Age of husband or wife if alive **dec.** years
7. Birth date of deceased **July 9 1861**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 10 23 hr. min.

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

10. Usual occupation **at home**

11. Industry or business **X**

MOTHER FATHER
12. Name **Harry S. Anderson**
13. Birthplace **New York**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Mary Tatlow**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. C. W. Cohagan**
(b) Address **20 W. 36th St., Kansas City, Mo.**

17. (a) **removal** (b) Date thereof **6-11-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
E. LOS ANGELES Glendale, California,
(c) Place: burial or cremation

18. (a) Signature of funeral director **Stine & McClure**
(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **6-11-46** (b) **Seraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **6**
year **1946** minute. M.
21. I hereby certify that I attended the deceased from **7 Jan**, 1946, to **June 6**, 1946
that I last saw him alive on **June 6**, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary edema**
Due to **Ch. myocarditis**
Other conditions **Ch. Intestinal angitis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **none**
Of autopsy **131A**

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 **J. Pearson** (M. D.)
Address **907 Tracts** Date signed **6/10/46**

Duration **3 days**
194
PHYSICIAN
Underline the cause to which death should be charged statistically.

Marta B. B. B.

Dr. James Tesson

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 *Robert H Reef*
Licensed Embalmer No. *3745*
P. O. Address *N.C. 7110*

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.