

No. 2
-12-45
5-17-39
I X47070

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 525

1. PLACE OF DEATH:

(a) County Bay Christian

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

(c) Name of hospital or institution:
Ruth Barton Covalescent Home 2481
(If not in hospital or institution, write street number or location) Fama

(d) Length of stay: In hospital or institution. 3 wks 25 days
(Specify whether years, months or days)

In this community 3 wks 25 days

3. (a) PRINT FULL NAME ELIZABETH F. ANDERSON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Feb 22 1904
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>1</u>	<u>83</u>	<u>1</u>	<u>24</u> hr. <u>0</u> min.

9. Birthplace: Platte Co mo
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

12. Name George Ward Field

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

14. Maiden name Lucy E. Duncan

15. Birthplace Platte Co mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J. L. Starks

(b) Address Boulder mo

17. (a) Burial (b) Date thereof April 18 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Platte City mo

18. (a) Signature of funeral director H A Sullins

(b) Address Boulder mo

19. (a) April 17 1947 (b) H. L. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 8123 Montgall
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1947 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from Feb 22
1947, to April 16 1947
that I last saw her alive on 4-16 1947
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial

Due to General Arterio Sclerosis

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations 93D

Of autopsy _____

Duration _____

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? 0

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature J. L. Starks (M. D. or other) MD

Address Boulder mo Date signed 4-17-47

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed J. A. Sullivan
Licensed Embalmer No. 1738
P. O. Address.....

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.