

FILED MAY 20 1947/49

Registrar's No. 1989

Registration District No. 149

Primary Registration District No. 1002

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: St. Luke Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 hrs 50 min
(Specify whether years, months or days)
In this community 28 hrs 50 min

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. 1008 South Liberty
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Gayle Denise Anderson
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 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 4 30 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 4 hr. 50 min.

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

10. Usual occupation infant

11. Industry or business _____

MOTHER FATHER { 12. Name William F. Anderson Jr
13. Birthplace Warrensburg, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Opal M. Taylor
15. Birthplace Waples, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. W. F. Anderson Jr.

(b) Address 1008 So. Liberty, Independence

17. (a) Burial (b) Date thereof May 5 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waples, Stone Cem, Indef. Mo.

18. (a) Signature of funeral director Poland R. Speck

(b) Address Independence, Mo.

19. (a) 5-5-47 (b) St. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1947 hour 6 minute 28A M.

21. I hereby certify that I attended the deceased from 4-30
1947, to 5-1, 1947
that I last saw her alive on 5-1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Adolescent Pneumonia
Due to _____

Duration _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 107

Major findings: Of operations _____
Of autopsy _____
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 _____ Means of injury _____
23. Signature Thos. J. Hoyle (M. D. or other) MD
Address St. Luke Hospital Date signed 5/1/47

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.....

Stanley Seaton....., Registered Apprentice No.....
working under my personal supervision.

Signed *Roland R. Sparks*.....

Licensed Embalmer No. *3604*.....

P. O. Address *Indep, Mo,*.....

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.