S. No. 2
M—1/47
5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4701

FILED FEB 17 1948

Registration District No. 749

Primary Registration District No. 1001

Registrar's No. 486

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: 2204 East 9th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 19 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2204 East 9th St. 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Eugene Anderson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased June 13, 1946
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
1	7	21	hr. min.

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

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Rayfield Anderson
13. Birthplace Macon Lake, Arkansas
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Arnella Akins
15. Birthplace Reland, Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Arnella Anderson
(b) Address 2204 East 9th St.

17. (a) Burial (b) Date thereof 2/5/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Nathan Bros.
(b) Address 1729 Lydia

19. (a) 2-4-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4
year 1948 hour 12 minute 30 A M.

21. I hereby certify that I attended the deceased from Feb 3 1948 to Feb 4 1948
that I last saw him alive on Feb 3 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 R. Richardson (M. D. or other)
Address 1801 Vine Date signed 2-4-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Richardson

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 D. J. Monroe

Licensed Embalmer No. 3994

P. O. Address 2503 3rd Highland

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.