No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 20 1948

Registration District No. 777

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 4702

Registrar's No. 554

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: GROSSE NURSING HOME 3918 CHARLOTTE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 DAYS (Specify whether years, months or days)

In this community 60 years

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. 2315 MONROE AVENUE 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOSEPH H. ANCHORS

3. (b) If veteran, name war NO

3. (c) Social Security No. None

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS KATHERYN ANCHORS

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

7. Birth date of deceased Feb (Month) 29 (Day) 1872 (Year)

8. AGE: Years 75 Months 11 Days 8 If less than one day hr. min.

9. Birthplace SIGOURNEY (City, town, or county) IOWA (State or foreign country)

10. Usual occupation Retired

11. Industry or business ARCHORS NURSERIES

MOTHER FATHER

12. Name JOHN A. ANCHORS

13. Birthplace OIL CITY (City, town, or county) PENN (State or foreign country)

14. Maiden name MARGARET MURPHY

15. Birthplace UNKNOWN (City, town, or county) IOWA (State or foreign country)

16. (a) Informant MR. PAUL H. ANCHORS

(b) Address 8112 HOLLY OVERLAND PK. KAN.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 10 1948 (Month) (Day) (Year)

(c) Place: burial or cremation MT. ST. MARY'S

18. (a) Signature of funeral director O. H. NEWCOMER'S SONS

(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 2-9-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY 7TH year 1948 hour 12 minute 40 A M.

21. I hereby certify that I attended the deceased from Jan. 27 1948 to Feb. 7 1948 that I last saw him alive on Feb 6 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia — Duration 3 da

Due to

Due to

Other conditions Cerebral Hemorrhage 13 da
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of 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 G. O. Remley (M.D. or other)

Address 832 Argyle Bldg. Date signed 2-7-48

(Licensed Embalmer's Statement on Reverse Side)

r32 Argyle Road
11-3

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 Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Springs, 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.