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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 4 1948

Registration District No. 749

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23018

Primary Registration District No. 1002

Registrar's No. 2943

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: Menorah Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 day (specify whether years, months or days)

In this community: 35 yrs

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.: 3227 College 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: James Pearl Anderson

3. (b) If veteran, name war: World War No. 1

3. (c) Social Security No.: 500-17-6609

4. Sex: Male 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Florence Anderson

6. (c) Age of husband or wife if alive: 46 years

7. Birth date of deceased: Oct. (Month) 11 (Day) 1895 (Year)

8. AGE: Years	Months	Days	If less than one day
52	9	7	hr. min.

9. Birthplace: (City, town, or county) Mo. (State or foreign country) U

10. Usual occupation: Surveyor

11. Industry or business:

FATHER
12. Name: John H. Anderson
13. Birthplace: (City, town, or county) No Record (State or foreign country) G

MOTHER
14. Maiden name: Hannah Jeffries
15. Birthplace: (City, town, or county) No record (State or foreign country) G

16. (a) Informant: Florence Anderson

(b) Address: 3227 College

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 21 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Elmwood

18. (a) Signature of funeral director: Mrs C. L. Forster

(b) Address: 918 Brookoyn

19. (a) 7-19-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 18 year 1948 hour ~~1000~~ 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Chronic, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic nephritis	
Due to: Uremia nephritis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 94/a	
Major findings: Of operations:	
Of autopsy: no Dailey & Gaeltin	

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) 3

While at work? (e) Means of injury

23. Signature: Jean L. Walker (M. D. or other)

Address: 1414 Oak Kcky Date signed: 7-16-48

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 4 1948

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 Dean Owens

Licensed Embalmer No. 4280

P. O. Address 918 Brooklyn, K.C.,

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.