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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36338

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4379

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: 3717 EAST-60TH STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---
(Specify whether years, months or days)
In this community 50 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 38
(If outside city or town limits, write "RURAL")
(d) Street No. 3717 EAST-60TH STREET 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME MRS. MARY ELIZABETH ANDERMATT
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 MARRIED
6. (b) Name of husband or wife MR. CLEMENTS J. ANDERMATT
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased JUNE (Month) 20 (Day) 1876 (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	4	6	hr. min.

9. Birthplace BIRMINGHAM (City, town, or county) ALABAMA (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business ---
FATHER
12. Name UNKNOWN MONROE
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country)
16. (a) Informant Ruth Andermatt
(b) Address 3717 East 60th
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT-28-1948 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK CEMETERY
18. (a) Signature of funeral director D. H. Newcomer's Son
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 10-28-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 26TH year 1948 hour 11 minute 35 A. M.
21. I hereby certify that I attended the deceased from Sept 1, 1947, to Oct 26, 1948 that I last saw her alive on Oct 25, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Pneumonia	48 hrs
Due to (INSANE) General Paralysis of Insane	Dont Know
Due to	
Other conditions Arterio Sclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations 30 hr
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 0
23. Signature J E Ball J. E. Ball (M. D. or other)
Address 1102 E 47th Date signed 10/26/48

(Licensed Embalmer's Statement on Reverse Side)

2-4-30

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 Bernard L. Horan

Licensed Embalmer No. 4250

P. O. Address N. C. 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.