

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42733**
5850

FILED DEC 29 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 65 YRS.	c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1			e. STREET ADDRESS (If rural, give location) 3233 Norton		
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) P.	c. (Last) Anchors		4. DATE OF DEATH (Month) (Day) (Year) 12 13 1953
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH 9-17-1874	9. AGE (In years last birthday) (Specify) 79	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY LAND SCAPING		11. BIRTHPLACE (City and State or Foreign Country) IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Anchors		13b. MOTHER'S MAIDEN NAME MARGARET MURPHY		14. NAME OF HUSBAND OR WIFE BERTHA ANCHORS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOES. FERRARA 3233 NORTON K.C. MO.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Emaciation			INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES		
DUE TO (b) Generalized arteriosclerosis			DUE TO (c) Post operative radiation fracture mandible		
II. OTHER SIGNIFICANT CONDITIONS Post operative radiation fracture mandible			4500		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>Oct. 17</u> , 19 <u>53</u> , to <u>Dec. 13</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Dec. 13</u> , 19 <u>53</u> ; and that death occurred at <u>4 A.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE B.I. Burns (Degree or title) M.D.			23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 12-13-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-16-53	24c. NAME OF CEMETERY OR CREMATORY ST. MARY'S		24d. LOCATION (City, town, or county) (State) K.C. MO.	
DATE REC'D BY LOCAL REG. 12-14-53		REGISTRAR'S SIGNATURE Sealdine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-M^oGilley-FYAR K.C. MO.	

Handwritten note:
D. ...

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
J. H. Payne

Licensed Embalmer No. *5144*

P. O. Address *IC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.