

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4709**
Registrar's No. **637**

BIRTH NO. **FILED MAR 4 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) Over 30 yrs.		3. 28	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1823 Paseo Blvd.		d. STREET ADDRESS (If rural, give location) 1823 Paseo Blvd.	

3. NAME OF DECEASED (Type or Print) a. (First) Pinkie b. (Middle) c. (Last) Anderson	4. DATE OF DEATH (Month) (Day) (Year) Feb. 7, 1954
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5. SEX Female	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 3, 1878	9. AGE (In years last birthday) 75	10. UNDER 1 YEAR Months Days	11. UNDER 15 YRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid	10b. KIND OF BUSINESS OR INDUSTRY Home for Girls	11. BIRTHPLACE (State or foreign country) Kansas City Kans.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Calvin Williams	13b. MOTHER'S MAIDEN NAME Charolette Steele	14. NAME OF HUSBAND OR WIFE Anthony Anderson, dec.
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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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Callie Holmes	ADDRESS 711 Georgia, K.C., Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Pneumonia		2-3-54
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		2 years
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			490X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION NO	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> WORK <input type="checkbox"/> NOT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **12-17, 1953, to 2-4, 1954** that I last saw the deceased alive on **2-4, 1954** and that death occurred at **2-4, 1954** m., from the causes and on the date stated above.

22a. SIGNATURE D. M. Miller (Degree or title)	22b. ADDRESS 1816 Vine, K.C., Mo.	22c. DATE SIGNED 2-9-54
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2/11/54	23c. NAME OF CEMETERY OR CREMATORY Woodland Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Kans.
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DATE REC'D BY LOCAL REG. 2-10-54	REGISTRAR'S SIGNATURE Maude Smith	25. FUNERAL DIRECTOR'S SIGNATURE West, Appleton & Jones, Inc.	ADDRESS Vine 1905/
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WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

ms 2251

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
Student Embalmer

Signed

Eugene English

Licensed Embalmer No. 4105

P. O. Address 440 State St.

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.