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FILED SEP 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29641**  
Registrar's No. **3665**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3665**

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 OR TOWN **Kansas City**

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **3239 Jefferson**

STREET ADDRESS (If rural, give location) **3239 Jefferson**

3. NAME OF DECEASED (Type or Print)  
a. (First) **EMMA** b. (Middle) **MABLE** c. (Last) **ANDERSON**

4. DATE OF DEATH (Month) (Day) (Year)  
**AUG. 19, 1955**

5. SEX **female**

6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **never-married**

8. DATE OF BIRTH **March 27, 1906**

9. AGE (in years last birthday) (Months) (Days) (Hours) (Mins.)  
**49**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Restaurant Manager**

10b. KIND OF BUSINESS OR INDUSTRY **A & M Cafe**

11. BIRTHPLACE (City and State or Foreign Country) **Toronto, South Dakota**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **John Anderson**

13b. MOTHER'S MAIDEN NAME **unknown**

14. NAME OF HUSBAND OR WIFE **—0—**

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. **496-10-9286**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Chas. T. F. Miller, 4501 Booth, K.C.K.**

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Cerebral Lab. Exam. shows ANTECEDENT CAUSES**  
DUE TO (b) **Cirrhosis of liver, negative to alcohol.**  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
**5810**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE **Geo. C. Kealhofer** (Degree or title) **3**

23b. ADDRESS **6627 Pleasant St. Overland Park, Mo.**

23c. DATE SIGNED **8-19-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **8/20/55**

24c. NAME OF CEMETERY OR CREMATORY **Forest Hill Cemetery**

24d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

DATE REC'D BY LOCAL REG. **8-20-55**

REGISTRAR'S SIGNATURE **Meva Marshall**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **QUIRK & TOBIN-20 W. Linwood, K.C.Mo.**

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

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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 *Forrest D. Coaldsnow*.....

Licensed Embalmer No. *471*

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