

FILED AUG 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24638

STATE FILE NUMBER

3238

Registration District No. 149 Primary Registration District No. 1002 Registrar's 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, give TOWNSHIP only) OR TOWN KANSAS CITY				Inside Limits Yes ☒ No ☐		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL				127 da		STREET ADDRESS (If outside, give location) 3017 Prospect	
3. NAME OF DECEASED (Type or print) First ANDERSON Middle NONE Last JAMES				4. DATE OF DEATH Month JULY Day 11 , Year 1957			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH JULY 12, 1901	
9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER		100. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) PLEASANT HILL, MISSOURI	
13. FATHER'S NAME JOHN JAMES				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II				16. SOCIAL SECURITY NO. 487-03-4739		17. INFORMANT Lula S. James Address 3017 Prospect Official Records VA Hospital, K.C., Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary congestion and edema							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							147X.
DUE TO (b) _____							
DUE TO (c) Epidermoid carcinoma, hypopharynx							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Cachexia							19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____							
20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from March 6, 1957 to July 11, 1957 death/total/rel/his/child/rel/ Death occurred at 3:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE J. A. Turner (Type or print) TURNER, M.D.				22b. ADDRESS VA Hospital, K.C., Mo.		22c. DATE SIGNED 7-11-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE July 11, 1957		23c. NAME OF CEMETERY OR CREMATORY PLEASANT HILL		23d. LOCATION (City, town, or county) (State) Missouri	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS, KANSAS CITY, MO.				25. DATE RECD. BY LOCAL REG. 7-11-57		26. REGISTRAR'S SIGNATURE Nora Winchall	

(Licensed Embalmer's Statement on Reverse Side)

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..... *Albert L. Savage*

Licensed Embalmer No. *40*

P. O. Address *Kansas*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.