REC'D MAR 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5239
Do not use this space.
458

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kan
or
(c) City Kc Mo
Registration District No.
Primary Registration District No.
Registered No.
(d) Street No. St. Luke's Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Franc M. Anderson
(a) Residence, No. St. Okla City, Okla
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 20 1899
7. AGE YEARS 39 MONTHS 10 DAYS 11 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minn

FATHER
13. NAME Pete Anderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

MOTHER
15. MAIDEN NAME Matilda Anderson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

17. INFORMANT (ADDRESS) Mrs Grace Anderson Okla City, Okla
18. BURIAL, CREMATION, OR REMOVAL PLACE Triumph, Minn. DATE 2-4 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. H. Blackman City
20. FILED 2/2 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb 1 25 1939, to Feb 1 25 1939
I last saw him alive on Feb 1 25 1939 Death is said to have occurred on the date stated above, at 4 00 p m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Sarcoma Pharynx
(Neurogenic)
45

Other contributory causes of importance:
Hemorrhage

Name of operation Biopsy Date of Feb 1 25
What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Earl Padgett, M. D.
(Address) 1316 Prof Bldg KC Mo

(Licensed Embalmer's Statement on Reverse Side)

...of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.