

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

4096
Do not use this space.

FILL FEB 3

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
 (b) Township 2 Primary Registration District No. 3039
 (c) City Nevada (d) Street No. _____ 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.

Registered No. 12

2. PRINT FULL NAME

Charles Clark Anderson
 (a) Residence, No. 509 E. Hospital Street St.
 (Usual place of abode, if not street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18, 1940

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ethel Duck Anderson

22. I HEREBY CERTIFY, that I attended deceased from Jan 9, 1940 to Jan 18, 1940
 I last saw him alive on Jan 17, 1940 Death is said to have occurred on the date stated above, at 2 A.M.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1893
 7. AGE YEARS 56 MONTHS 2 DAYS 1
 If LESS than 1 day, _____ hrs. or _____ min.

Acute Nephritis. Date of onset Jan 13, 1940

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

Other contributory causes of importance: Influenza Chronic Nephritis 12/1 1/9/40 Don't know.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Line, Missouri

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

FATHER 13. NAME Joseph Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Juritha Green

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Mrs. Ethel Anderson
Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE West Line, Mo. DATE Jan 20, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wayne General Services
Nevada, Mo.

20. FILED 1-19, 1940 Allen V. Hays Local Registrar

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? no
 If so, specify _____
 (Signed) W. Love, M. D.
765 (Address) Nevada, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. 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 Allen V. Kays
Licensed Embalmer No. 1968
P. O. Address Nevada 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 this body is not embalmed, above space should be left blank.