

JUL 22 1940

Registration District No.

1007

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County New Madrid
 (b) City or town Portageville, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Life _____ (Specify whether years, months or days)3. (a) PRINT FULL NAME WILLIAM THOMAS ANDERS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced widowed6. (b) Name of husband or wife Mathie J. Anders 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased April 16 1864 (Month) (Day) (Year)8. AGE: Years 76 Months _____ Days _____ If less than one day hr. _____ min. _____9. Birthplace Mo. (City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business _____

12. Name Ueluoan13. Birthplace Mo. (City, town, or county) (State or foreign country)14. Maiden name Ueluoan15. Birthplace Mo. (City, town, or county) (State or foreign country)16. (a) Informant's own signature Lennie DeBee(b) Address Portageville, Mo.17. (a) Burial (b) Date thereof June 9, 40 (Month) (Day) (Year)(c) Place: burial or cremation Portageville, Mo.18. (a) Signature of funeral director Allen Ellis(b) Address St. Louis, Mo.

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid(c) City or town Portageville, Mo.

(If outside city or town limits, write "RURAL")

(d) Street No. Rural

(If rural, give location)

(e) If foreign born, how long in U. S. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1940 hour 6 minute 30 A.M.21. I hereby certify that I attended the deceased from June 15 to June 8, 1940 that I last saw him alive on June 1 and that death occurred on the date and hour stated above.Immediate cause of death Terminal Bronchopneumonia (Myocardial) Duration 8 days

Due to _____

Due to Cerebral Apoplexy Myocardial 6 months 5 years

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 535

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Lynnwood C. Lewis (M. D. or other) M.D.Address Portageville Mo Date signed 6-8-40WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impor

RECEIVED

District Health Officer No. 2
District File Number 740-1209
Date Filed 7/8/40

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 Jane, D.

....., Registered Apprentice No.
working under my personal supervision.

Signed Arthur Green

Licensed Embalmer No. 3169

P. O. Address Sibley, Minn.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22375
Registrar's No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 607

Primary Registration District No. 5806

WRITE PLAINLY—USE UNFADING BLACK INK—MAKING NO CORRECTIONS

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Portage, Mo.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Wm Thomas Anderson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 76 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Aug 6 1940 (b) May W. Cook
(Date recorded local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

20. DATE OF DEATH: Month June day 8
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Raymond C. Longard (Father)
Address Portageville

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

10-11-1954

10-11-1954

10-11-1954

10-11-1954