

No. 2  
-10-39  
17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **31649**

**FILED OCT 12 1940**  
Registration District No. **136**

Primary Registration District No. **4076**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: **Carroll**  
 (a) County: **De Witt, Mo.**  
 (b) City or town: **De Witt, Mo.**  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location) **20**  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether **2**)  
 In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME: **FRANK ANDERSON**  
 8. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex: **Male** 5. Color or race: **White**  
 6. (a) Single, widowed, married, divorced: **married**  
 6. (b) Name of husband or wife: **Dora Anderson**  
 6. (c) Age of husband or wife if alive: **60** years  
 7. Birth date of deceased: **June 26 1877**  
 (Month) (Day) (Year)

8. AGE: Years **68** Months **2** Days **13** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: **Illino** (City, town, or county) (State or foreign country)

10. Usual occupation: **Carpenter**

11. Industry or business: \_\_\_\_\_

12. Name: **Charles Anderson**

13. Birthplace: **Indiana** (City, town, or county) (State or foreign country)

14. Maiden name: **Ellen Taylor**

15. Birthplace: **Ill.** (City, town, or county) (State or foreign country)

16. (a) Informant: **Dora Anderson**

(b) Address: **De Witt**

17. (a) **Burial** (b) Date thereof: **Sept. 12, 1940**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **De Witt**

18. (a) Signature of funeral director: **Meyer Funeral Home**  
 (b) Address: **Brunswick, Mo. 131**

19. (a) **Sept 12 40** (b) **Alta Henderson**  
 (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **10th** year **1940** hour **12 am** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **on Sept 9th 1940 to** \_\_\_\_\_ 19\_\_\_\_; that I last saw him alive on **Sept 9th** \_\_\_\_\_ 19\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral Hemorrhage**

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions: **g. 2nd**  
 (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: **H. A. Sautter** (M. D. or other) \_\_\_\_\_  
 Address: **De Witt, Mo** Date signed **9/10/40**

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

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

RECEIVED  
District Health Officer No. 8,  
District-File Number 10-2-01  
Date Filed 10-2-40

**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.....

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

Signed John H Meyer  
Licensed Embalmer No. 3730  
P. O. Address Brunswick, 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.**