

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7290

State File No. _____

Primary Registration District No. 5562

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Rural "Marion Township"
(c) Name of hospital or institution: County Farm 21
(d) Length of stay: In hospital or institution Thirty Nine Days
In this community Eight Months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Rural
(d) Street No. R.F.D. Lavoie Mo.
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11th
year 1941 hour 4 minute 30 A.M.
21. I hereby certify that I attended the deceased from May 31
1940, to Feb 11th 1941;
that I last saw him alive on Feb 9th 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia 3 weeks

Due to: _____
Due to: _____

Other conditions: Chronic nephritis 3 mos.

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Signature: W.J. McPherson (M. D. or other) _____
Address: Carthage, Mo. Date signed 2/13/41

3. (a) PRINT FULL NAME MARVIN THOMAS ANDERSON

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased May 31 1940

8. AGE: Years 0 Months 8 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Carthage Missouri

10. Usual occupation None

11. Industry or business None

MOTHER FATHER { 12. Name Charles P Anderson
13. Birthplace Laredo Co Missouri
14. Maiden name Lucy E Dodge
15. Birthplace Adrian Iowa

16. (a) Informant Charles P Anderson

(b) Address Lavoie Mo.

17. (a) Rural (b) Date thereof Feb 14, 1941

(c) Place: burial or cremation Sebourn Missouri

18. (a) Signature of funeral director W. J. McPherson

(b) Address Carthage Missouri

19. (a) Feb. 13, 1941 (b) W. J. McPherson, M.D.

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

19
00

MAR 17 1941 408

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 Emma R. Stuebel

Licensed Embalmer No. 391

P. O. Address Barthage

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.