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

FILED APR 1 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11276

Registration District No. 508 Primary Registration District No. 3026 Registrar's No. 59

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 208 S. Washington St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ___ (Specify whether
In this community 74 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingston 59
(c) City or town Chillicothe 1
(If outside city or town limits, write "RURAL")
(d) Street No. 208 South Washington 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME John W. Anderson
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Jan. (Month) 22 (Day) 1857 (Year)

8. AGE: Years	Months	Days	If less than one day
84	2	9	✓ hr. ✓ min.

9. Birthplace ✓ (City, town, or county) New Jersey (State or foreign country)
10. Usual occupation Laborer
11. Industry or business ✓
FATHER 12. Name Hugh C. Anderson
13. Birthplace ✓ (City, town, or county) Ireland (State or foreign country)
MOTHER 14. Maiden name Mary C. Campbell
15. Birthplace ✓ (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Mrs. Adeline Gorman
(b) Address Chillicothe Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 3 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Catholic Cem
18. (a) Signature of funeral director James D. Gordon
(b) Address Chillicothe Mo
19. (a) 4-3-41 (Date received local registrar) (b) H M Grace, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st 2nd RB-a
year 1941 hour 3 or 4 minute ___ M.
21. I hereby certify that I attended the deceased from Nour, 19__, to ___, 19__;
that I last saw him alive on Nour, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Valvular Disease Heart	
Due to Hypertension Vascular	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

92 D

Major findings:
Of operations
Of autopsy

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

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? 9 1/2 (Specify type of place)
While at work? (e) Means of injury
23. Signature Jacob Barney Coroner (M. D. or other)
Address Chillicothe Mo. Date signed 4-2-1941

(Licensed Embalmer's Statement on Reverse Side)

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 Donald E. Gordan

Licensed Embalmer No. 4191

P. O. Address Chillicothe, Mo

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

If this body is not embalmed, fact should be so stated above.