

No. 2
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-17-39
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FILLED AUG 2 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25835

State File No. _____
Registrar's No. 102 (102)

Registration District No. 677

Primary Registration District No. 4403

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

1. PLACE OF DEATH: Shelton
(a) County Reels
(b) City or town _____
(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 _____
years, month or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Deer
(c) City or town Reels
(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.

3. (a) PRINT FULL NAME Charles E. Anderson
(b) If veteran, name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 15
year 1941 hour 11 minute 45 P.M.

4. Sex M 5. Color or race Wh 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 Aug 7 1939
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw him Dead on JUNE 15 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Acute Gastritis 3 hrs

8. AGE: Years 1 Months 10 Days 8 If less than one day _____ hr. _____ min.

Due to Falleney Convulsion
was rushed to Reels Hospital, but was dead on arrival. Examined by Hospital Doctor.
Other conditions _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name John Anderson
13. Birthplace Reels Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mrs. Schmedake
15. Birthplace Reels Mo
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: _____
Of operations 11813
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant John Anderson
(b) Address Reels Mo

17. (a) Burial (b) Date thereof June 17 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funerary

18. (a) Signature of funeral director Fuller
(b) Address Reels Mo

19. (a) 6-17-41 (b) Joe F. Ayers
(Date received local registrar) (Registrar's signature)

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 R. S. Null (M.D. or other) 3
Address Reels Mo Date signed 6/16/41

RECEIVED

District Health Officer No. 5,

District File Number 741/825

Date Filed _____

DEC 1 0 1944

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 S. L. Y. [Signature]

Licensed Embalmer No. 3397

P. O. Address Rella 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, fact should be so stated above.