No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 16 1941

Registration District No. 609

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32133

Primary Registration District No. 5808

Registrar's No. 96

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

1. PLACE OF DEATH:
(a) County NEWTON MO
(b) City or town NEOSHO or RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ROUTE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 37 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County NEWTON 073
(c) City or town NEOSHO RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. ROUTE 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HOWARD 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 Married
6. (b) Name of husband or wife AVA ANDERSON
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased JAN (Month) 15 (Day) 1904 (Year)
8. AGE: Years 37 Months 7 Days 22 If less than one day hr. min.
9. Birthplace NEOSHO (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
FATHER 12. Name A. M. ANDERSON
FATHER 13. Birthplace NEOSHO (City, town, or county) MISSOURI (State or foreign country)
MOTHER 14. Maiden name JAMIE ANDERSON
MOTHER 15. Birthplace NEOSHO (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant Ava Anderson
(b) Address NEOSHO MISSOURI
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEP 9 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Gibson Cemetery
18. (a) Signature of funeral director [illegible]
(b) Address NEOSHO MISSOURI
19. (a) 9-24-41 (Date received local registrar) (b) Omal R. Sale M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 7 year 1941 hour 11 minute 30 p M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him alive on Sept. 7 19 41
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Suicide Hung himself by rope	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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) SUICIDE
(b) Date of occurrence SEPT 7, 1941
(c) Where did injury occur? NEOSHO (City or town) NEWTON (County) MO (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? HOME (Specify type of place)
While at work? No (e) Means of injury —
23. Signature [illegible] Reynolds Coroner (M. D. or other)
Address Neosho Date signed 9-23-41

543 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1041-1399
Date Filed OCT 13 1941

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 Donald Reed, Registered Apprentice No. 202 working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2689

P. O. Address [illegible]

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.