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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38144

DEC 12 1941 210

Primary Registration District No. 5289

Registrar's No. _____

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

1. PLACE OF DEATH: Clinton 1.11.41
 (a) County Clinton
 (b) City or town Lafayette - Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (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, months or days

3. (a) PRINT FULL NAME Robert Van Buren 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 widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased June 27 1862
 (Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 9 If less than one day hr. min.
 9. Birthplace Clinton County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Laborer
 11. Industry or business _____
 MOTHER FATHER { 12. Name Robert Anderson
 13. Birthplace not known (City, town, or county) (State or foreign country)
 14. Maiden name Sarah Biggs
 15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Sarah George
 (b) Address St. Joseph Mo R.R. 4
 17. (a) Burial (b) Date thereof Nov. 7 41 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt Zion Clinton County

18. (a) Signature of funeral director O'Brien Lyon
 (b) Address Plattburg Mo
 19. (a) Nov. 10-41 (b) John Roy (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Clinton 25
 (c) City or town _____ (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____ (If rural, give location) 0
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 5 year 1941 hour ? minute ? M.
 21. I hereby certify that I attended the deceased from none _____, 19____; that I last saw h. _____ alive on none _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis -
 Due to _____
 Due to _____
 Other conditions 932 (Include pregnancy within 3 months of death)
 Major findings: Of operations none
 Of autopsy none
 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? _____
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature H. B. Belding (M. Registrar) Plattburg Mo Date signed Nov 7-41

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 *Danell D. Lyon*

Licensed Embalmer No. *3640*

P. O. Address *Plattsburg, N.Y.*

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

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