

JAN 13 1942 85  
Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH: Buchanan  
(a) County Buchanan  
(b) City or town South St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Terminal Warehouse 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) 20 years  
In this community \_\_\_\_\_ years, months or days) 20 years

3. (a) PRINT FULL NAME George Patrick Anderson  
3. (b) If veteran, name war. No  
3. (c) Social Security No. 495-07-6241

4. Sex Male / 5. Color or race White  
6. (a) Single, widowed, married, divorced, widower  
6. (b) Name of husband or wife Mamie Anderson  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec. 20, 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 0 3 hr. min.

9. Birthplace Unknown / Unknown  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Terminal Warehouses Inc.

12. Name Unknown  
13. Birthplace Unknown / Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown  
15. Birthplace Unknown / Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Lowell Anderson  
(b) Address 412 E. Missouri Ave.

17. (a) Burial (b) Date thereof Dec. 26, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Graham, Mo.

18. (a) Signature of funeral director Calcutt Mortuary  
(b) Address 5025 King Hill Ave.

19. (a) 12/23-41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan //  
(c) City or town St. Joseph /  
(If outside city or town limits, write "RURAL")  
(d) Street No. 412 E. Missouri Ave. 7  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23 d  
year 1941 hour 10 minute 40 A.M.  
21. I hereby certify that I attended the deceased from on Dec 23, 1941, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Coronary Thrombosis 1 day  
Due to General arteriosclerosis  
Due to GFA

Other conditions: (Include pregnancy within 3 months of death)  
Major findings: Has died suddenly while sitting on a bench on a residential street without premonitory symptoms  
Of operations: \_\_\_\_\_  
Of autopsy: no E of those

Duration 1 day  
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? \_\_\_\_\_

23. Signature H F Mundy (M. D. or other) \_\_\_\_\_  
Address 404 So 3d St Date signed 12/23/41  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury: 3  
Coroner

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

MOTHER FATHER

**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 12/23/71

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed E. A. Carl

Licensed Embalmer No. 4238

P.O. Address St. Joseph 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.**