

No. 2
-1-4-41
5-17-39
XI

State File No. _____

JAN 10 1942
Registration District No. 420

Primary Registration District No. 2493

Registrar's No. 168

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
035

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town St. Vernon, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 44 days
(Specify whether years, months or days)

In this community 10 44 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper ⁰²⁷

(c) City or town Boonville ²
(If outside city or town limits, write "RURAL")
Water St

(d) Street No. 1148
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elwood Anderson

3. (b) If veteran, name war Ms

3. (c) Social Security No. Mo

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10th
year 1941 hour 5:25 minute 0 M.

21. I hereby certify that I attended the deceased from Feb 2 1939 to Dec 12 1941
that I last saw him alive on Dec 11 1941
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Black

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Johnson

6. (c) Age of husband or wife if Johnson
31

7. Birth date of deceased Nov 5 1913
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis ^{abt 3 1/2 yrs}

8. AGE:	Years	Months	Days	If less than one day
	<u>28</u>	<u>1</u>	<u>7</u>	_____ hr. _____ min.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

9. Birthplace Bunceton, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Common Labor

11. Industry or business _____

MOTHER FATHER { 12. Name Leslie Anderson

13. Birthplace Bunceton, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Clara Fisher

15. Birthplace Anderson
(City, town, or county) (State or foreign country)

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? _____

(Specify type of place) _____

(e) Means of injury _____

While at work? _____

16. (a) Informant Mrs. Michael Beard Clerk

(b) Address Missouri State Sanatorium

17. (a) Interment (b) Date thereof 12-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bunceton, Missouri

18. (a) Signature of funeral director E. J. Meester

(b) Address Boonville, Mo

19. (a) 12-13-1941 (b) _____
(Date received local registrar) (Registrar's signature)

23. Signature Esther E. L. Coffman (M. D. or other) _____

Address Mo State Sanatorium Date signed 12-12-41

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

RECEIVED

District Health Officer No. 6,

District File Number 142-53

Date Filed JAN 6 1942

APR 23 1942

JUN 30 1942

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 C. Ireland

Licensed Embalmer No. 1399

P. O. Address Highway No.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4 269
Registrar's No. _____

Registration District No. 470

Primary Registration District No. 5633

1. PLACE OF DEATH: Lawrence
(a) County Lawrence
(b) City or town St. Vernon
(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

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

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day _____ year 1941 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____; that I have seen him _____ live on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex M 5. Color or race B 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 5 1913
(Month) (Day) (Year)

8. AGE: Years 28 Months 1 Days 13 (If less than one day) _____ min.

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (Place: burial or cremation)

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) Waddgat P. Morris
(Date received local registrar) (Registrar's signature)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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 _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

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

MOTHER FATHER

S-42369