

No. 2
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JAN 11 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41192

Registration District No. 183

Primary Registration District No. 4798

Registrar's No. 29

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

1. PLACE OF DEATH: Linn
 (a) County Linn
 (b) City or town Linneus
 (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: 58
 (a) State Missouri (b) County Linn 0
 (c) City or town Linneus
 (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.? 0 years.

3. (a) PRINT FULL NAME George W. Anderson
 3. (b) If veteran, name war. XXXX
 3. (c) Social Security No. XXXXX
 4. Sex Male 5. Color or Race White
 6. (a) Single, widowed, married, divorced. Married
 6. (b) Name of husband or wife Josie Lambert
 6. (c) Age of husband or wife if alive 61 years
 7. Birth date of deceased. June 16 1876
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December, 20th day
 year 1942 hour 12 minute M. M.
 21. I hereby certify that I attended the deceased from Dec 17 1942 to Dec 20 1942
 that I last saw him alive on Dec 20 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
 66 6 4 hr. min.
 9. Birthplace Browning Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Retired

Immediate cause of death
 Chronic Endocarditis (Mitral Regurgitation) 2 weeks
 Duration 157 yrs
 Due to
 Due to
 Other conditions (Include pregnancy within 3 months of death)

11. Industry or business
 12. Name Gilbert Anderson
 13. Birthplace XXXXXXXX Canada 2
 (City, town, or county) (State or foreign country)
 14. Maiden name Orra Alexander
 15. Birthplace XXXXXXXX Indiana 1
 (City, town, or county) (State or foreign country)
 16. (a) Informant James G. Anderson
 (b) Address Linneus, Missouri
 17. (a) Burial (b) Date thereof 12/23/42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation J.P.O.F. Cemetery
 18. (a) Signature of funeral director Thorne Undertaking Co.
 (b) Address Linneus, Missouri
 19. (a) 12-22-42 (b) Mrs. G.W. Anderson
 (Date received local registrar) (Registrar's signature)

Major findings: Of operations 92
 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?
 (Specify type of place)
 While at work? (e) Means of injury
 23. Signature Roy R. Haley (M. D. or other) m.d.
 Address Brookfield, Mo Date signed 12/22

1259

(Licensed Embalmer's Statement on Reverse Side)

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.....

David A. Taylor

Licensed Embalmer No.

3761

P. O. Address.....

Linneus, 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.