

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24321

REGISTRATION DISTRICT NO. 42

Primary Registration District No. 1000

Registrar's No. 821

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
In ambulance 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 1 day years, months or days)

3. (a) PRINT FULL NAME JAMES BROWNLOW ANDERSON

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 22 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>4</u>	<u>22</u>	_____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business Farm,

12. Name Lee Anderson

13. Birthplace unknown Virginia
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Robert Anderson

(b) Address Wallace, Mo.

17. (a) burial (b) Date thereof 7/16/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Heaton Beale & Bowman

(b) Address St. Joseph, Mo.

19. (a) 7/15/43 (b) Rose Hezog
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Wallace
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1943 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb 17 1943 to July 14 1943
that I last saw him alive on July 14 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis ?

Due to _____
Due to _____

Other conditions air embolus from 7-14-43
(Include pregnancy within 3 months of death)

Major findings: anemia, toxemia

Of operations _____

Of autopsy 13 p 1

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 J. P. Lewis M.D. (M.D. or other)
Address St. Joseph Mo. Date signed 7-15-43

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

Dr. Earl Lemon
7:22 1/2 Francis

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... *Frank C. Bowman*

Licensed Embalmer No. 1710

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.