

3. No. 2
4-2-43
5-17-39
1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35537

State File No. _____
Registrar's No. 116

FILED OCT 29 1943
Registration District No. 290

Primary Registration District No. 5987

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

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Rural Union Township
(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 _____ (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Samuel Harrison 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 Honora Anderson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: January 14, 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 8 27 hr. _____ min.

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

10. Usual occupation: Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name: Thomas Anderson

13. Birthplace: Franklin County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name: Letha N. Foreverna

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

16. (a) Informant: A. H. Anderson

(b) Address: Dixon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/14/1943
(Month) (Day) (Year)

(c) Place: burial or cremation: Seaton Cemetery

18. (a) Signature of funeral director: Fred H. Gilbert

(b) Address: Dixon, Mo.

19. (a) Oct 29-1943 (Date received local registrar) (b) Chas M Good (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October Day 11
year 1943 hour 8 minute _____ P. M.

21. I hereby certify that I attended the deceased from Oct. 10
1943 to Oct. 10, 1943
that I last saw h. im alive on Oct. 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic lobular pneumonia Duration 2 da

Due to _____

Due to _____

Other conditions: Chronic interstitial nephritis unknown
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy: 12/12

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: Chas M Good (M. D. or other) D.O.

Address: Dixon, Mo. Date signed: 10-15-43

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.....

October 11, 1943

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Fred W. Gilbert*

..... Licensed Embalmer No..... 2841

..... P. O. Address..... Dixon, 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.