

FILED DEC 27 1943
Registration District No. 1012

Primary Registration District No. 5466

Registrar's No. 1012

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Rural, Springfield S. Campbell Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route # 3 / Campbell Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Rural, Springfield S. Campbell Twp
(If outside city or town limits, write "RURAL")
(d) Street No. (2201 S. Holland) Route # 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Anderson

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida Anderson 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased Jan. 11 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 2 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Tailor

12. Name Nels Anderson

13. Birthplace unk Sweden
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Earl White

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 12/18/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HAZELWOOD

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 12-16-43 (b) H. W. Hauler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13
year 1943 hour 11:00 minute a. M.

21. I hereby certify that I attended the deceased from Dec 2
1943 to Dec 11 1943

that I last saw him alive on Dec 9 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Organic Heart disease

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 92A

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 H. W. Hauler (M. D. or other)
Address Springfield, Mo. Date signed Dec 12/43

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.....

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

working under my personal supervision.

Signed

L. Lonnie Gorman

Licensed Embalmer No. *3177*

P. O. Address *Springfield*

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.

X