

FILED MAR 6 1944

Registration District No. 82-

Primary Registration District No. 3017-

Registrar's No. 21

1. PLACE OF DEATH:

(a) County **COOPER**  
(b) City or town **BOONVILLE**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**724 SEVENTH STREET**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community **LIFE**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **COOPER**  
(c) City or town **BOONVILLE**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **724 SEVENTH STREET**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

**STANLEY ANDERSON**

3. (b) If veteran, name war

**NONE**

3. (c) Social Security No.

No.

4. Sex **MALE**

5. Color or race

**NEGRO**

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

**MARRIED**

6. (b) Name of husband or wife

**ANNA ANDERSON**

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

.....

7. Birth date of deceased

**JANUARY 21**

**1874**

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

**70**

**0**

**11**

hr.

min.

9. Birthplace

**COOPER COUNTY**

(City, town, or county)

**MISSOURI**

(State or foreign country)

10. Usual occupation

**LABORER**

11. Industry or business

**DAY LABORER**

12. Name

**UNKNOWN**

**UNKNOWN**

13. Birthplace

(City, town, or county)

**UNKNOWN**

(State or foreign country)

14. Maiden name

**UNKNOWN**

15. Birthplace

(City, town, or county)

**UNKNOWN**

(State or foreign country)

16. (a) Informant

**MRS STANLEY ANDERSON**

(b) Address

**BOONVILLE, MO.**

17. (a)

**BURIAL**

(Burial, cremation, or removal)

(b) Date thereof

**FEB. 2 1944**

(Month) (Day) (Year)

(c) Place: burial or cremation

**CITY CEMETERY**

18. (a) Signature of funeral director

**STEGNER & KOENIG**

(b) Address

**BOONVILLE, MO.**

19. (a)

**Feb. 2-44**

(b)

**Dr. Chas. Swap**

(Date received local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEBRUARY** day **1st**  
year **1944** hour **5:30** minute **A. M.**

21. I hereby certify that I attended the deceased from **Jan 2**  
19**44** to **Feb 1** 19**44**;  
that I last saw him alive on **January 21** 19**44**  
and that death occurred on the date and hour stated above.

Immediate cause of death

**Cerebral apoplexy**

Due to

**arterio sclerosis**

Due to

**Chr. nephritis**

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**1318**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. L. DeLuca** (M. D. or other) **M. D.**

Address **Boonville Mo** Date signed **2/3/44**

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

27  
1  
2

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-1-44

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 \_\_\_\_\_

*James W. Stegner*

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.