S. No. 2
M—5-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18306

FILED JUN 5 1944

Registration District No. 186 Primary Registration District No. 2001 Registrar's No. 250

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. ~~St. Johns Hospital~~ 327½ Schifferdecker Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Earl Thadous Anderson
3. (b) If veteran, name war No
3. (c) Social Security No. 486-24-7279
4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ollie Ping Anderson
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased November (Month) 8 (Day) 1890 (Year)

8. AGE: Years	Months	Days	If less than one day
53	6	5	hr. min.

9. Birthplace Anderson (City, town, or county) Mo. O (State or foreign country)
10. Usual occupation Miner
11. Industry or business Mining
FATHER
12. Name Andrew Decab Anderson
13. Birthplace Barry Co. (City, town, or county) Mo. O (State or foreign country)
MOTHER
14. Maiden name Melinda Smith
15. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Mrs Ollie Anderson
(b) Address 327½ Schifferdecker
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-44 (Month) (Day) (Year)
(c) Place: burial or cremation Osborne Memorial
18. (a) Signature of funeral director Thornhill-Dillon
(b) Address 305 W. Fourth Joplin
19. (a) 5-16-44 (Date received local registrar) (b) Gertrude Dunhollow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1944 hour 6:10 minute A M.
21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...;
that I last saw Did not see him alive alive on ..... 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Struck on head and left shoulder
Due to by falling Mine Tub
Due to Fracture of left scapula and several ribs
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

174.8
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22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence May 12, 44
(c) Where did injury occur? Waco (City or town) Jasper (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? in Jane Miner (Specify type of place)
While at work? yes (e) Means of injury Coroner
23. Signature R. H. Webster (M. D. or other)
Address Carthage Mo Date signed May 14 '44

1604

(Licensed Embalmer's Statement on Reverse Side)

41-5-409

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 Cecil a. Thomhill

Licensed Embalmer No. 3590

P. O. Address Joplin, 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.