

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 12 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18307  
Registrar's No. 278

Registration District No. 152

Primary Registration District No. 2001

4  
Pearland  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Joplin  
(c) Name of hospital or institution: Joplin General  
(d) Length of stay: In hospital or institution 1 day  
In this community 1 day

3. (a) PRINT FULL NAME Frank Anderson Jr.  
3. (b) If veteran, name war. 3. (c) Social Security No.  
4. Sex male Color or race white  
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 May 27 1944

8. AGE: Years Months Days If less than one day  
hr. 8 1/2 min.

9. Birthplace Joplin Mo  
10. Usual occupation Infant

11. Industry or business

12. Name Frank Anderson Sr.  
13. Birthplace Joplin Mo  
14. Maiden name Elsa Hodges  
15. Birthplace Duneweg Mo

16. (a) Informant Mrs Virgil Hodges  
(b) Address 1209 Central Joplin Mo  
17. (a) Burial (b) Date thereof 5 29, 1944

(c) Place: burial or cremation Ozark Memorial  
18. (a) Signature of funeral director Parker-Hunsaker  
(b) Address 1502 Joplin St. Joplin Mo

19. (a) 6-1-44 (b) G. E. Heiler Registrar's signature

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(d) Street No. 1209 Central  
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 28  
year 1944 hour 2 minute A.M.  
21. I hereby certify that I attended the deceased from May 27 1944 to May 28 1944  
that I last saw him alive on May 28 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Head & Respiratory failure  
Due to atelectasis  
Due to 6"2 months  
Other conditions: pneumonia  
Major findings: Temperature infant  
Of autopsy: 6"2 months

19  
159  
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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature W.E. Heiler  
Address 521 W-4 Date signed 6-1-44

(Licensed Embalmer's Statement on Reverse Side)

44-5-43P

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**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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Josephine 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.**