

S. No. 2
4-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED APR 22 1946 STANDARD CERTIFICATE OF DEATH

State File No. **12101**
Registrar's No. **52**

Registration District No. **10** Primary Registration District No. **3002**

1. PLACE OF DEATH:
(a) County **Audrain**
(b) City or town **Mexico**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
903 S. Jefferson /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **1 month** years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Audrain** **4**
(c) City or town **Mexico** **1**
(If outside city or town limits, write "RURAL") **2**
(d) Street No. **903 S. Jefferson** (If rural, give location)
(e) Citizen of foreign country? **Yes** (Yes or No) **0**
If yes, name country **Sweden**

3. (a) PRINT FULL NAME **Frank W. Anderson**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M /**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **DK** **1866**
(Month) (Day) (Year)

8. AGE: Years **79** Months **--** Days **--** If less than one day hr. min.

9. Birthplace **Skevede, Sweden** (City, town, or county) (State or foreign country) **4**

10. Usual occupation **Famer**

11. Industry or business _____

MOTHER FATHER
12. Name **DK**
13. Birthplace _____ (City, town, or county) (State or foreign country) **9**
14. Maiden name **DK**
15. Birthplace **unknown** (City, town, or county) (State or foreign country) **9**

16. (a) Informant **Carl R. Anderson**
(b) Address **Mexico, Mo.**

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof **3/15/46** (Month) (Day) (Year)
(c) Place: burial or cremation **Elmwood**

18. (a) Signature of funeral director **Chris Arnold**
(b) Address **Mexico, Mo.**

19. (a) 3/15/46 (Date received local registrar) (b) **Blanche Keely** (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **14** year **1946** hour **7** minute **P** M.
21. I hereby certify that I attended the deceased from **Feb. 2** **1946**, 19____, to _____, 19____, that I last saw him alive on **Mar. 13, 1946** and that death occurred on the date and hour stated above.

Immediate cause of death _____ **Senility** **10**
Due to _____ **Cardiovascular renal degeneration**
Due to _____ **10**
Other conditions (Include pregnancy within 3 months of death) **10**
Major findings: Of operations _____ **PHYSICIAN**
Of autopsy **3/10**
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) (c) Means of injury **0**
23. Signature **CL Garcia** (M. D. or other) **0**
Address **203 E. Jackson, Mexico, Mo.** Date signed **3/15/46**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
11010

RECORDED
INDEXED
APR 19 1946
4-46-774

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 *Clara Arnold*

Licensed Embalmer No. *3569*

P. O. Address *Mexico, 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: