

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

DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32733

State File No. \_\_\_\_\_

Registration District No. 42 Primary Registration District No. 1000  
Registrar's No. 1193

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri Methodist Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 Days  
(Specify whether in this community 10 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town St Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3311 Lafayette  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES P. ANDERSON

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Clara 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 6 1866  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>7</u>	<u>14</u>	_____ hr. _____ min.

9. Birthplace Parnell Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant (10)

11. Industry or business \_\_\_\_\_

12. Name Andrew J. Anderson

13. Birthplace \_\_\_\_\_ Ky  
(City, town, or county) (State or foreign country)

14. Maiden name Condace Not Known  
(City, town, or county) (State or foreign country)

15. Birthplace \_\_\_\_\_ Ky  
(City, town, or county) (State or foreign country)

16. (a) Informant John Anderson

(b) Address St Joseph, Mo.

17. (a) Burial (b) Date thereof 10-23-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parnell, Mo.

18. (a) Signature of funeral director Fleeman & Son Inc:

(b) Address St Joseph, Mo.

19. (a) Oct. 25, 1946 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20  
year 1946 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from 11/8/46  
to 11/20/46

that I last saw her alive on 11/20/46  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Hypertrophy of Prostate  
(Include symptoms within 3 months of death)  
Retention of urine

Major findings:  
Of operations Hypertrophy of Prostate  
Of autopsy \_\_\_\_\_

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) \_\_\_\_\_  
(b) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address [Address] Date signed 10/21/46

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

Greenbury 01002

MAR 4 1959

**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.....

*Robert H. Gaph*

Licensed Embalmer No. 3308

P. O. Address.....*St Joseph, 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.**