

No. 2
 OM-5-43
 v. 5-17-39
 X3667

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED FEB 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **1492**
 Registrars' No. _____

Registration District No. **156** Primary Registration District No. **2001**

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:
715 Ozark St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community **22 years** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jasper**
 (c) City or town **Joplin**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **715 Ozark St.**
 (If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **JAMES CURTIS ANDERSON**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Mary** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: **November 4 1879**
 (Month) (Day) (Year)

8. AGE: Years **67** Months **2** Days **18** If less than one day hr. _____ min. _____

9. Birthplace **Ohio**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____
 12. Name **Cyrus B. Anderson**
 13. Birthplace **Ohio**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Margaret Barkley**
 15. Birthplace **Ohio**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mary Anderson**
 (b) Address **715 Ozark**

17. (a) ~~Forest Park~~ (b) Date thereof **Jan 24-47**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Forest Park Cem**

18. (a) Signature of funeral director **Thornhill-Dillon**
 (b) Address **Joplin, Missouri**

19. (a) **1-24-47** (b) **Ed Jensen**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **January** day **22**
 year **1947** hour **2:00** minute _____ A. M.

21. I hereby certify that I attended the deceased from **Jan 9 1947** to **Jan 22 1947**
 that I last saw him alive on _____ 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Hypostatic Pneumonia** Duration **2 days**
 Due to **benign Thyroid Hypertrophy of heart**
 Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **95**
 Of operations _____
 Of autopsy _____

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 **John Dill** (M. D. or other)
 Address **Joplin Mo** Date signed **1/23/47**

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

49
 2
 5

1
 5
 6

47-477

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..... *David Dillon*

Licensed Embalmer No. *3898*

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.