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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1947

Registration District No. 243

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5833

State File No. 10134

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Stark City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 5 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~Barry~~ Newton 73

(c) City or town Stark City, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Austin Monroe Anderson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margoret E. Anderson

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased April 1 (Month) 1874 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	10	23	hr. min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Thomas D. Anderson
13. Birthplace (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Marguret Paul
15. Birthplace (City, town, or county) Ind. (State or foreign country)

16. (a) Informant Mrs Margoret E Anderson
(b) Address Stark City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 26 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Gipson, Cem. Neosho

18. (a) Signature of funeral director Wm Morris Pyne
(b) Address Wheaton, Missouri

19. (a) 4-6-1947 (Date received local registrar) (b) Alpha Dyer (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Feb. day 24
year 1947 hour 3. minute P. M.

21. I hereby certify that I attended the deceased from January 11, 1947, to Feb 24, 1947
that I last saw him alive on February 22, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Burgher's disease

Due to

Due to

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.

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature O. Cardwell (M. D. or other)

Address Stella Mo Date signed 2-28-47

369

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. Newton
District File Number 447-73
Date Filed 4-14-47

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 Wm Morris Pogue

Licensed Embalmer No. 3442

P. O. Address Wheaton, 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.