

S. No. 2
M-2-43
5-17-39
I X35697

FILED AUG 15 1947

Registration District No. 73

Primary Registration District No. 5291

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Blair

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

(c) Name of hospital or institution Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 15 years

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Blair

(c) City or town Rural - Liberty
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.V. (If rural, give location) _____

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROBERT F. 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 Beulah J. Anderson 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased March 27 - 1891
(Month) (Day) (Year)

8. AGE: Years 56 Months 3 Days 24 If less than one day hr. _____ min. _____

9. Birthplace Libanon (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Geo. Washington Anderson

13. Birthplace Genoa (City, town, or county) (State or foreign country)

14. Maiden name Katherine Doty

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Beulah J. Anderson

(b) Address R.F.V. Liberty Mo

17. (a) Burial (b) Date thereof 7/24/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belton Mo

18. (a) Signature of funeral director George Archer

(b) Address Liberty Mo

19. (a) July 22, 1947 (b) Monroe Hays
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1947 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 1944 to July 21 1947 that I last saw him alive on July 21 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Myocardial Infarction

Due to _____

Due to _____

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

Major findings: Of operations CVA Of autopsy _____

Duration 80a

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) (e) Means of injury U

23. Signature Clarence W. Henderson (M. D. or dentist)

Address Liberty, Mo Date signed 7/24/47

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-24-47

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

John Lanbar

Licensed Embalmer No. 4448

P. O. Address Liberty 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.