S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38696

FILED DEC 1 1947

Registration District No. 155 | Primary Registration District No. 5127 | Registrar's No. 172

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jane Chinn
(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)
In this community: 6 years

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.: 1407 Pearl
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Samuel J. Anderson
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: M.
5. Color or race: W.
6. (a) Single, widowed, married, divorced: M.
6. (b) Name of husband or wife: Marie Anderson
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: July 3, 1886 (Month) (Day) (Year)

8. AGE: Years 61 | Months 4 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace: Bentonville, Arkansas (City, town, or county) (State or foreign country)
10. Usual occupation: Alcohol Tax Unit
11. Industry or business: U. S. Government

MOTHER FATHER
12. Name: William A. Anderson
13. Birthplace: ------Arkansas (City, town, or county) (State or foreign country)
14. Maiden name: Sally Jones
15. Birthplace: ------Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant: Marie C. Anderson
(b) Address: 1407 Pearl, Joplin, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 11-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Bentonville, Arkansas
18. (a) Signature of funeral director: Parker-Hunsaker
(b) Address: Joplin, Missouri
19. (a) 11-17-1947 (Date received local registrar) (b) J. E. Pritchett M.D. (Registrar's signature) 127

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 15 year: 1947 hour: 1 minute: 10 A. M.

21. I hereby certify that I attended the deceased from Aug 3 - 1947 to Nov 15 - 1947 that I last saw him alive on Nov 14 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic pneumonia	7 days
Due to: Myocardial degeneration	3 mo
Due to: Myocardial infarction	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: NA
Of autopsy: NA

PHYSICIAN — Underline the cause of 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 .....
Signature: L. A. Mahoney (M. D. or other) DO.
Address: Joplin Mo Date signed 11/17/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-11-882

JAN 21 1948

JAN FEB 18 1948

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 F. M. Jones

Licensed Embalmer No. 2319

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.