

S. No. 2
-12-45
5-17-39
I X47070

FILED MAR 30 1948

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Terrason

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

(c) Name of hospital or institution:
Nevada City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: 6 days in hospital or institution. (Specify whether years, months or days)

In this community lives twice last years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Terrason

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

(d) Street No. 125 East Cherry Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country. ✓

3. (a) PRINT FULL NAME William Nelson Anderson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife. ✓

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

7. Birth date of deceased unknown unknown 1871
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3, day 11, year 1948 hour 8-00 minute A. M.

21. I hereby certify that I attended the deceased from Mar 5 1948, to Mar 11 1948; that I last saw alive on Mar 10 1948; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>?</u>	<u>?</u>	hr. min.

Immediate cause of death Aemia Duration 5 da

Chronic interstitial nephritis ?

Prostatic hypertrophy with ?

duodenal ulcer ?

Other conditions (include pregnancy within 3 months of death)

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

10. Usual occupation Retired (Hotel Clerk)

11. Industry or business

MOTHER, FATHER

12. Name Franklin P. Anderson

13. Birthplace Miller Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Julia R. Nelson

15. Birthplace Bermantown North Carolina
(City, town, or county) (State or foreign country)

Major findings:
Of operations 131A

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. A. E. Elliott

(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof Mar 13 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deerwood Cemetery

18. (a) Signature of funeral director Walter Stays

(b) Address Nevada, Mo.

19. (a) 3-22-48 (b) Waltham Vancey
(Date received local registrar) (Registrar's signature)

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) Means of injury

23. Signature W. R. King (M. D. or other) 1

Address Nevada, Mo. Date signed 3/12-48

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

RECEIVED

District Health Officer No. 7,

District File Number 2-48-307

Date Filed 3-29-48

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 Allen V. Hayes

Licensed Embalmer No. 1980

P. O. Address Nevada 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.