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

FILED MAY 10 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12307

Registration District No. 133 Primary Registration District No. 5483 Registrar's No. 31

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Rural Bethany Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution County Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Harrison 41
(c) City or town Eagleville 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William 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 Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased: Dec (Month) 11 (Day) 1866 (Year)

8. AGE: Years 81 Months 3 Days 28 If less than one day hr. min.

9. Birthplace Harrison Co. Mo (City, town, or county) (State or foreign country)
10. Usual occupation Horse Trainer
11. Industry or business
FATHER
12. Name Wm Anderson
13. Birthplace Ky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Linda Hicks
15. Birthplace Mo (City, town, or county) (State or foreign country)
16. (a) Informant Harris Turner
(b) Address Eagleville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 11 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cemetery
18. (a) Signature of funeral director Joe E Wheeler
(b) Address Bethany Mo
19. (a) April 14-48 (Date received local registrar) (b) Zola Burris (Registrar's signature) 116

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9 year 1948 hour 2 minute 0 M.
21. I hereby certify that I attended the deceased from Mar 12 1948, 19 April 9 1948, that I last saw him alive on April 8 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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? 2 (Specify type of place)
While at work? (e) Means of injury
23. Signature D G Reed (M. D. or other) DO
Address Bethany Mo Date signed 4-14-48

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Joe E Wheeler

Licensed Embalmer No. 3512

P. O. Address Bethany 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.