

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27431

FILED SEP 9 1948

Registrar's No. 282

Registration District No. 376

Primary Registration District No. 3061

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Flat River, Mo. - 205 3rd St.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(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 Missouri (b) County St. Francois

(c) City or town Flat River, Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 205-3rd St. (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mr. Joseph Walter Anderson

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 493-03-957X

4. Sex Male 5. Color or race White Cauc.

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

6. (b) Name of husband or wife Schula Anderson

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased April 17 1886  
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Worked in changing room for St. Joseph Lead Co.

11. Industry or business \_\_\_\_\_

12. Name Mr. Richard Anderson

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

14. Maiden name Suzanne Hudson

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

16. (a) Informant Mrs. W. Anderson - 205 3rd St.

(b) Address 205 3rd St. Flat River, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug-30-1948  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Francois M. P. Burial

18. (a) Signature of funeral director Wm. W. Hood

(b) Address 303 Crane St. Flat River, Mo.

19. (a) 7-31-48 (Date received local registrar) (b) Ether Reddell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28 year 1948 hour 1:12 minute 15 A. M.

21. I hereby certify that I attended the deceased from Aug. 26 1948 to Aug. 28 1948:  
that I last saw him alive on Aug. 27 1948:  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Lung

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations H.P.

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 Theodore Paul T. D.O. (M. D. or other) D.O.

Address Flat River, Mo. Date signed 8/28/48

RECEIVED

District Health Officer No. 4  
District File Number 948-1130  
Date Filed 9-7-48

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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

*Alvin W. Hood*

Licensed Embalmer No. 2780

P. O. Address 303 Crane St. Flat River

**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.**