FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

29181

State File No.

FILED OCT 11 1948

Registration District No.

Primary Registration District No. 5265

Registrar's No. 90

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Christian 22
(c) City or town Oldfield "Rural" 8
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mart 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 Married /
6. (b) Name of husband or wife Othena F. Anderson
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Sept. (Month) 14 (Day) 1888 (Year)

8. AGE: Years 59 Months 11 Days 15 If less than one day hr. min.

9. Birthplace Sparta (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name George Anderson
13. Birthplace Indiana (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Johnson
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Othena Anderson
(b) Address Oldfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-1-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Roberts Cemetery Sparta, Mo.
18. (a) Signature of funeral director John Dean Garris
(b) Address Clever, Mo.
19. (a) Sept 28 – 48 (Date received local registrar) (b) Lillie Barr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 30 year 1948 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 30 1948 to Aug 30 1948 that I last saw h Did not see him alive 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Conary thrombosis I made my diagnosis from the history alone Patient was dead when I arrived

Due to

Other conditions (Include pregnancy within 3 months of death) 946

Major findings:
Of operations
Of autopsy no autopsy

Duration 15 minutes

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

23. Signature R. R. Farthing (M. D. ~~or other~~)
Address Sept 1st Ozark Mo Date signed 9-1-48

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

RECEIVED
District Health Officer No. 6,
District File Number 1024-1130
Date Filed 10-9-48

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 John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Clever, 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.