FILED AUG 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27274

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 6002 Registrar's No. .....

1. PLACE OF DEATH
a. COUNTY: Ralls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Saltriver Township)
c. LENGTH OF STAY (in this place): 8 Hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Saltriver Township

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN: Hannibal
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 420 Washington

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Marion Francis Anderson

4. DATE OF DEATH (Month) (Day) (Year): July 29, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 22, 1891
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 9, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Ralls County Missouri
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Charles Wm. Anderson
13b. MOTHER'S MAIDEN NAME: Louise Petty
14. NAME OF HUSBAND OR WIFE: Jennie Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 490 07 5835
17. INFORMANT'S SIGNATURE OR NAME: Mrs. M. F. Anderson — ADDRESS: Hannibal Missouri

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heat Prostration — INTERVAL BETWEEN ONSET AND DEATH: at once

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Saltriver Township Ralls Co, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* No Medical Attention, *19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 3:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clyde C. Wilsey Coroner
23b. ADDRESS: Perry, Mo Ralls Co.
23c. DATE SIGNED: 7/30/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE:
24c. NAME OF CEMETERY OR CREMATORY: Mount Olivet
24d. LOCATION (City, town, or county) (State): Hannibal Missouri

DATE REC'D BY LOCAL REG.: 7/30/55
REGISTRAR'S SIGNATURE: Clyde C. Wilsey 267-
25. FUNERAL DIRECTOR'S SIGNATURE: H. Crawford Smith — ADDRESS: Hannibal Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 1956

FEB 15 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. W. Crawford Smith

Licensed Embalmer No. 38

P. O. Address Hannibal Mis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.