

REC'D OCT 18 1938

MISSOURI STATE BOARD OF HEALTH

3 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32274

Do not use this space.

1. PLACE OF DEATH

(a) County Greedy Registration District No. 328
 (b) Township Jefferson Primary Registration District No. 5461 Registered No. _____
 (c) City _____ (d) Street No. C.R. 2nd P. Train St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME VICTOR EARNEST ANDERSON 536

(a) Residence, No. 2423 Buena Vista St St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9 - 1886
 7. AGE YEARS 51 MONTHS 11 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cafe owner
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Andover (STATE OR COUNTRY) Illinois13. NAME Theodore Anderson14. BIRTHPLACE (CITY OR TOWN) Sveeden (STATE OR COUNTRY) _____15. MAIDEN NAME Clara Swanson16. BIRTHPLACE (CITY OR TOWN) Sveeden (STATE OR COUNTRY) _____17. INFORMANT Mrs Olga Anderson (ADDRESS) _____18. BURIAL, CREMATION, OR REMOVAL PLACE Cambridge, Ill DATE Sept 4 193819. FUNERAL DIRECTOR (NAME) Hemley Funeral Home (ADDRESS) Trenton, Missouri20. FILED 9-4 1938 Drew D. Fair Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 1938

22. I HEREBY CERTIFY That I attended deceased from Died on C.R. 2nd P. Train, 19____
 I last saw h. near Trenton, Mo Death is said to have occurred on the date stated above, at 2:00 m.
 The principal cause of death and related causes of importance were as follows:

Angina pectoris & history of present attack of angina for five years
 Date of onset 9-4-38

Other contributory causes of importance: None knownName of operation None Date of _____What test confirmed diagnosis? History Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NoIf necessary (Signed) J.P. Fair, Cooper M. D.(Address) Trenton, 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,

Clifford Obens

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Clifford Obens

Licensed Embalmer No. *3423*

P. O. Address *Seneca 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, above space should be left blank.