

JAN 14 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

45099  
Do not use this space.

1. PLACE OF DEATH **GREENE**  
 (a) County.....  
 (b) Township.....  
 (c) City **SPRINGFIELD**  
 (d) Street No. **St. John's Hospital**  
 (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.

Registration District No. **316**  
 Primary Registration District No. **2001**  
 Registered No. **963**

2. PRINT FULL NAME **August Anderson**  
 (a) Residence, No. **Berry County Mo** St.  **Verona Mo**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male**  
 4. COLOR OR RACE **White**  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF **Mrs Elizabeth Anderson**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Apr 13 1861**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hra. or .....min.
<b>77</b>	<b>7</b>	<b>29</b>		

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Farmer**

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) **Dec 3 - 1938**

11. Total time (years) **40** spent in this occupation **60 yrs**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Varnland Sweden**

13. NAME **Wils Anderson**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Sweden**

15. MAIDEN NAME **Don't know**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Sweden**

17. INFORMANT **A. G. Anderson**  
 (ADDRESS) **412 E. Grand Springfield Mo**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **Spring River Cemetery** DATE **12-13-1938**  
**Verona Mo**

19. FUNERAL DIRECTOR **R. M. Ballaway**  
 (ADDRESS) **Morett Mo**

20. FILED **Dec 13 1938** **Chas. A. George** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 12 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 5** 19**38**, to **Dec 12** 19**38**  
 I last saw him alive on **Dec 11** 19**38**. Death is said to have occurred on the date stated above, at **3:40 a.m.**  
 The principal cause of death and related causes of importance were as follows:  
**Influenza - with Pneumonia**  
 Date of onset **12/11/38**

Other contributory causes of importance: **11/2**

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....  
 If so, specify.....  
 (Signed) **Ray W. Ballaway** M. D.  
 (Address) **Springfield Mo**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, J. D. Buchanan, Licensed Embalmer No. 3149

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed J. D. Buchanan

Licensed Embalmer No. 3149

**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.)**