

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

44246

Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 735
(b) Township Shawnee Primary Registration District No. 3034
(c) City Moberly (d) Street No. Woodland Hospital Registered No. 229
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

(a) Residence, No. 531 De Armand Anderson St.
(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. Edna Powell Adams Anderson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19-1908
7. AGE YEARS 30 MONTHS 2 DAYS 28 IT LESS THAN 1 day, hrs. or min.
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. Farmer
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salisbury, Mo.

13. NAME Wm Oliver Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph County, Mo.

15. MAIDEN NAME Ethel Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salisbury, Mo.

17. INFORMANT (ADDRESS) Mrs. W.O. Anderson Salisbury, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Salisbury City Cemetery 12/18 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Edna Williams Salisbury, Mo.

20. FILED Dec 20, 1938 Ethel Williams Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16-1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1938, to Dec 17, 1938

I last saw him alive on Dec 17, 1938. Death is said to have occurred on the date stated above, at 8:50 P. m.

The principal cause of death and related causes of importance were as follows:

Acute suppurative appendicitis Date of onset Dec 4 1938

Other contributory causes of importance: 12/1

Name of operation Appendectomy Date of Dec 7 1938

What test confirmed diagnosis? Operation 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? No

If so, specify

(Signed) R.D. Stueler M.D.

(Address) Moberly, Mo.

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.

RECEIVED

District Health Officer No. 10

District File Number 10-28-1005

Date Filed 1-9-39

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

Frank D. Dunkelmeier

Licensed Embalmer No. _____

P. O. Address

Salisbury, 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.