

REC'D MAR 8 1939

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

7552
Do not use this space.

1. PLACE OF DEATH

(a) County Pulaski
(b) Township Tavern
(c) City St. John
(e) Length of residence in city or town where death occurred 536 yrs. mos. ds.

Registration District No. 716
Primary Registration District No. 5945

Registered No. 5

(d) Street No. St. John
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Carl Anderson

(a) Residence, No. St. John (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 Carrie Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24, 1857

7. AGE YEARS 82 MONTHS 0 DAYS 28 If 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.
10. Date deceased last worked at this occupation (month and year) 1-9-38
11. Total time (years) spent in this occupation

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

13. NAME John Anderson

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Carl Anderson (ADDRESS) Wagnersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. John's Cem. DATE Feb. 24, 1939

19. FUNERAL DIRECTOR (NAME) J. L. HOOPS & SONS. (ADDRESS) Crocker, Mo.

20. FILED 2/23/39 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1939 to Feb. 22, 1939
I last saw him alive on Feb. 22, 1939 Death is said to have occurred on the date stated above, at 3:30 P. m.

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

Cardio-vascular
Renal Disease

Date of onset 2/2/39

Other contributory causes of importance:

Unknown

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 ✓, 1939
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 St. John's (Signed) St. John's, M. D.
(Address) Crocker, 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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3261

P. O. Address Crocker, 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.