

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.

REC'D APR 13 1939

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

9964
Do not use this space.

1. PLACE OF DEATH

(a) County Dates Registration District No. 53
(b) Township 1 Primary Registration District No. 3005 Registered No. 720
(c) City Rich Hill Missouri (d) Street No. _____ 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

Charles Edward Anderson
(a) Residence, No. Walnut Street 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) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Anderson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27, 1861
7. AGE YEARS 77 MONTHS 3 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired Miner
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) 1928 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Summan Indiana
(STATE OR COUNTRY)

FATHER 13. NAME Merritt Anderson
Indiana
14. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

17. INFORMANT Winona Lowder
(ADDRESS) Rich Hill Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grave enlawn DATE Mar. 19/39

19. FUNERAL DIRECTOR (NAME) Booths
(ADDRESS) Rich Hill Mo.

20. FILED March 18, 1939 Claude J. Allen, M.D.
R.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____
I last saw him alive on March 10, 1939. Death is said to have occurred on the date stated above, at 8:30 A.M.
The principal cause of death and related causes of importance were as follows:

pulmonary emphysema
Date of onset _____

Other contributory causes of importance: 87 M

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 _____
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) Daniel J. Allen M.D.

RECEIVED
District Health Officer No. 7-35-48
District File Number 3-11-39
Date Filed

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.....

John G. Underwood

Licensed Embalmer No. 3545

P. O. Address *Rick Hill Md*

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.