

DESD JUN 21 1939

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

19070
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470
(b) Township W. Vernon Primary Registration District No. 5-633
(c) City W. Vernon, Mo (d) Street No. Missouri State Sanatorium 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. 1 mos. 10 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jesse Anderson

(a) Residence, No. Hardin, Missouri 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4, 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
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) March 1939 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Carrollton (STATE OR COUNTRY) Missouri

FATHER 13. NAME Jasper Newton Anderson

14. BIRTHPLACE (CITY OR TOWN) Carrollton (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Nellie May Anderson

16. BIRTHPLACE (CITY OR TOWN) Carrollton (STATE OR COUNTRY) Missouri

17. INFORMANT E. McMichael, Record Clerk (ADDRESS) Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL PLACE Hardin, Mo. DATE May 17, 1939

19. FUNERAL DIRECTOR (NAME) John W. Kasper (ADDRESS) Hardin, Mo.

20. FILED May 16, 1939 P. A. Holmes Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1939 to May 16, 1939

I last saw him alive on May 15, 1939. Death is said to have occurred on the date stated above, at 12:30 a.m. M. The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset 1938

Other contributory causes of importance: tuberculosis meningitis 1939

Name of operation none Date of
What test confirmed diagnosis? Sputum Was there an autopsy? No.

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) P. A. Holmes, M. D.
(Address) W. Vernon, 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.

Mr Holmes.

RECEIVED

District Health Officer No. 6,

District File Number 6-6-37-1149

Date Filed JUN 5 1939

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 me

John W. Knipschild, Registered Apprentice No. 2789
working under my personal supervision.

Signed John W. Knipschild

Licensed Embalmer No. 2789

P. O. Address Hardin 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.