REC'D JUN 20 1939

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

Boger

Do not use this space. 19468

Registered No. 173

1. PLACE OF DEATH

(a) County Pettis — Registration District No. 668

(b) Township — Primary Registration District No. 3032

(c) City Sedalia — (d) Street No. RFD # 2 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 521 George H. G. H. Anderson

(a) Residence, No. RFD # 2 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Minnie Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	75	1	12	

OCCUPATION

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):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Halifax Va.

FATHER

13. NAME: Archie Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va.

MOTHER

15. MAIDEN NAME: May Weatherfoot

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): W.Va.

17. INFORMANT (ADDRESS): Henry Anderson, Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Pleasant Hill Cem DATE: May 24/39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Gillespie Funeral Home, Sedalia, Mo. 966

20. FILED 5/24, 1939 Mrs Harry Sneed, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1939, to May 22, 1939

I last saw him alive on May 21, 1939. Death is said to have occurred on the date stated above, at 2:00 p.m.

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

	Date of onset
Chronic interstitial Nephritis	1935+
Chronic myocarditis	
121	

Other contributory causes of importance:

Hypertrophy prostate

Chr. pyelonephritis

Name of operation: None Date of:

What test confirmed diagnosis? Clinical 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) J. H. Boger, M. D.

(Address) Sedalia Mo

Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

RECEIVED
District Health Officer No. 8
File Number 6138

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, ...

L.E.Bouldin, or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed L.E.Bouldin

Licensed Embalmer No. 3867

P.O. Address Sedalia, 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.