

REC'D AUG 18 1939

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

26223

Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 647
 (b) Township Mason Primary Registration District No. 3029 Registered No. 212
 (c) City Hannibal (d) Street No. St. Elizabeth Hospital 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 H. Anderson

(a) Residence, No. 217 South Sixth 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 Ida Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 20, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 8 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 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) Hannibal
 (STATE OR COUNTRY) Missouri

13. NAME John Anderson

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

15. MAIDEN NAME Cordelia McCullough

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

17. INFORMANT (ADDRESS) Mrs. J.P. Richards
Hannibal Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet DATE 7/20/39

19. FUNERAL DIRECTOR (NAME) Smiths' Funeral Home
 (ADDRESS) Hannibal Missouri

20. FILED July 19 1939 W.C. Fisher
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
 I last saw him alive on 7-17 1939. Death is said to have occurred on the date stated above, at 4:00 P.M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of skin
(dorsum of hand)

Date of onset
1938

Other contributory causes of importance:
Chronic atherosclerotic disease 1935

Name of operation Amputation of hand Date of
 What test confirmed diagnosis? Biopsy - 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) Howard B. Seibert, M. D.

(Address) Hannibal, Mo.

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.

Dr. Goodrich

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.....

.....J. J. Marsh L. E. 3932....., Registered Apprentice No.
working under my personal supervision.

Signed Crawford Smith

Licensed Embalmer No.3814.....

P. O. Address Hannibal 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.