

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

**42647**

Do not use this space.

**1. PLACE OF DEATH**

(a) County Anderson Registration District No. 26  
(b) Township Salisbury Primary Registration District No. 3002  
(c) City Mexico Mo (d) Street No. 403 N. Jefferson Registered No. 160  
(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**

(a) Residence, No. North Jefferson 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) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mrs. Mary Coube Anderson  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7, 1858  
7. AGE YEARS 81 MONTHS 0 DAYS 7 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter  
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) St. Louis Mo.

FATHER 13. NAME Thomas C. Anderson

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

MOTHER 15. MAIDEN NAME Annie Belle Waddell

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

17. INFORMANT (ADDRESS) Minnie Bridgeford Mexico Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mexico Mo. DATE Dec. 5, 1939

19. FUNERAL DIRECTOR (ADDRESS) M. E. Phelan Bros. Mexico Mo

20. FILED Dec 4, 1939 Blanche Healy Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1939, to Dec 2, 1939  
I last saw him alive on Dec 2, 1939 Death is said to have occurred on the date stated above, at 10:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Endocarditis (chronic)

Other contributory causes of importance: hypertension

Name of operation Clinical 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) Francis Jolley M. D.  
Mexico, 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.

RECEIVED

District Health Officer No. 10

File No. 1-40-115

JAN 9 1940

STATEMENT BY LICENSED EMBALMER

I, Roy A. McPherson, Licensed Embalmer No. 1703,

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

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

Signed Roy A. McPherson,  
Licensed Embalmer No. 1703,

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.)