

FILED FEB 7 1940

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

3286

Do not use this space.

## 1. PLACE OF DEATH

(a) County Pemissac 3 Registration District No. 1053  
 (b) Township Concord Primary Registration District No. 5816 Registered No. 5816  
 (c) City St. (d) Street No. 5816 (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 535 Russell Anderson

(a) Residence, No. 535 St. Anderson  
 (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 Col.  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ada Anderson  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18, 1907  
 7. AGE YEARS 33 MONTHS 11 DAYS 16 IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Bus Driver  
 9. Industry or business in which work was done, as saw mill, bank, etc. School Bus  
 10. Date deceased last worked at this occupation (month and year) 2-3-40  
 11. Total time (years) spent in this occupation 2.75

12. BIRTHPLACE (CITY OR TOWN) Cottonwood Point  
 (STATE OR COUNTRY) Mo.

FATHER  
 13. NAME Wesley Anderson  
 14. BIRTHPLACE (CITY OR TOWN) Cottonwood Point  
 (STATE OR COUNTRY) Mo.

MOTHER  
 15. MAIDEN NAME Harriett Russell  
 16. BIRTHPLACE (CITY OR TOWN) Tenn.  
 (STATE OR COUNTRY)

17. INFORMANT Ada Anderson  
 (ADDRESS) R. 1, Box 179, Caruthersville Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Morgan Ridge DATE 2-16-40

19. FUNERAL DIRECTOR (NAME) H. S. Smith  
 (ADDRESS) Caruthersville Mo

20. FILED 19  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7, 1940

22. I HEREBY CERTIFY, That I attended deceased from  
 , 19 , to , 19

I last saw him alive on , 19 . Death is said

to have occurred on the date stated above, at 12:45 P.M.  
 The principal cause of death and related causes of importance were as follows:

Auto accident the car.  
Run into a ditch this man  
was dead when pulled out of  
the car.

Date of onset

Other contributory causes of importance:

Name of operation Exam. Date of 210  
 What test confirmed diagnosis? Exam. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury 2-7-40  
 Where did injury occur? Near Hays, Pemissac Co. Mo.  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Near Hays  
 Manner of injury car accident  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify

(Signed) Jack Kelly Coroner 5  
 (Address) Hays Mo

RECEIVED FILED STATE OFFICE  
INDEX CARD RETURNED TO DISTRICT  
DATE 2-7-54

### 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

*W. C. Dean*

Licensed Embalmer No. 3941

P. O. Address Croftonville

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.

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

3286

Do not use this space.

1. PLACE OF DEATH

(a) County Remick Registration District No. 653  
(b) Township Concord Primary Registration District No. 3865-  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
(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

(a) Residence, No. Russell Anderson  
new Madrid, Mo. Co. St. ☐ new Madrid, Mo.  
(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS 33 MONTHS - DAYS 16 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_, 19\_\_

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 3/14 1940 Pearl Kelley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_ to \_\_\_\_\_, 19\_\_

I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_ Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Date of onset

Other contributory causes of importance:

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 \_\_\_\_\_, 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Jack W. Kelley M. D.

(Address) Payli

S-3286