

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

3420

FEB 16 1941

State File No.

Registration District No. 713

Primary Registration District No. 3742

Registrar's No.

## 1. PLACE OF DEATH:

- (a) County Pulaski 2  
(b) City or town Waynesville  
(c) Name of hospital or institution:  
(If outside city or town limits, write "RURAL" and name of township)

- (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community Life  
years, months or days

3. (a) PRINT FULL NAME Andrew Jackson Anderson

8. (b) If veteran, name war World War 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lucy Anderson 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased Nov 19 1848  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
91 2 9 hr. min.

9. Birthplace Waynesville Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

## 11. Industry or business

12. Name Andy Anderson

13. Birthplace Washington Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Morgan

15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature

(b) Address Waynesville Mo

17. (a) Burial (b) Date thereof 1-30-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mitchell

18. (a) Signature of funeral director R. B. Super

(b) Address Richland Mo

19. (a) 1/29/40 (b) C. G. Tabor  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pulaski

(c) City or town Waynesville  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28  
year 1940 hour 7 minute 3 PM

21. I hereby certify that I attended the deceased from Jan 28 to Jan 28, 1940

that I last saw him alive on Jan 28 and that death occurred on the day and hour stated above.

Immediate cause of death Bronchitis Duration \_\_\_\_\_

Due to Flu

Due to HN

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work \_\_\_\_\_ (Specify type of place)  
(a) Means of injury

23. Signature C. G. Tabor (M. D. or other)

Address Waynesville Date signed 1/29/40

**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.....

working under my personal supervision.

....., Registered Apprentice No. ....

Signed.....

Licensed Embalmer No. ....

P. O. Address.....

**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.**