

Registration District No. **907**

Primary Registration District No. **6220**

Registrar's No. **2**

**1. PLACE OF DEATH:**

(a) County **WRIGHT**  
 (b) City or town **RURAL - PLEASANT VALLEY**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community **33 yrs**  
years, months or days)

3. (a) PRINT FULL NAME **JOHN P. ANDERSON 536**

3. (b) If veteran, name war \_\_\_\_\_ 8. (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 **ALMIRA M. ANDERSON** 6. (c) Age of husband or wife if alive **78** years

7. Birth date of deceased **FEB. 28 1860**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>79</b>	<b>10</b>	<b>31</b>	hr. _____ min.

9. Birthplace **OSAGE CO. MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business \_\_\_\_\_

12. Name **WILLIAM M. ANDERSON**

13. Birthplace **NOT KNOWN**  
(City, town, or county) (State or foreign country)

14. Maiden name **REBECCA CLARK**

15. Birthplace **NOT KNOWN**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Walter Lund**

(b) Address **MANFIELD MO.**

17. (a) **Ashley Cem** (b) Date there **Jan 21 1940**  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ashley Cem.**

18. (a) Signature of funeral director **Geo. Steffe**

(b) Address **Manfield Mo. 432**

19. (a) **Jan. 23 1940** (b) **J. McD. Short**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **MISSOURI** (b) County **WRIGHT**  
 (c) City or town **MANFIELD - RURAL**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **SMILES EAST**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **JAN.** day **19**  
year **1940** hour **4 PM** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Jan 19**  
\_\_\_\_\_, 19**40**, to **Jan 19**, 19**40**;  
that I last saw him alive on **Jan 19 - 1940**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Chronic Valvular Heart Disease with Cardiac asthma**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions **Stenosis of AV**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature **W. J. Simpson** (M. D. or other) **3 00**  
**Manfield Mo** Date signed **2/24/40**

Duration **3 years**  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 240-336

Date Filed FEB 6 1940

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

*F. C. Steffe*

Licensed Embalmer No. 3221

P. O. Address Manfield 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.