

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 7658

Registration District No. 2

Primary Registration District No. 5862

Registrar's No. 5

1. PLACE OF DEATH:

(a) County: Polk  
(b) City or town: near Eudora, Mo.  
(c) Name of hospital or institution: 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME

James Anderson  
3. (b) If veteran, name war 1 3. (c) Social Security No. 1

4. Sex Male 5. Color or race col 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife 1 6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased 11-5-39 (Month) (Day) (Year)

8. AGE: Years 0 Months 2 Days 14 If less than one day 1 min

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

10. Usual occupation 1

11. Industry or business 1

MOTHER FATHER { 12. Name James Anderson 13. Birthplace Miss 14. Maiden name H. E. Sledge 15. Birthplace Miss (City, town, or county) (State or foreign country)

16. (a) Informant's own signature James Anderson (b) Address Eudora, Ark.

17. (a) Burial (b) Date thereof 1-20-40 (Month) (Day) (Year) (c) Place: burial or cremation Taylor Cem

18. (a) Signature of funeral director Friends (b) Address Gardens, Ark.

19. (a) Jan 2, 1940 (b) E. A. Martin (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Ark (b) County: Miss (c) City or town: near Blytheville, Ark (If outside city or town limits, write "RURAL") (d) Street No. 1 (If rural, give location) (e) If foreign born, how long in U. S. A. 7 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 19 year 1940 hour unknown minute 1 M.

21. I hereby certify that I attended the deceased from 1 1940, to 1 1940; that I last saw him alive on 1 1940; and that death occurred on the date and hour stated above.

Immediate cause of death unknown no attending physician Duration 1

Due to 1

Due to 1

Other conditions 1 (Include pregnancy within 3 months of death)

Major findings: Of operations 1

Of autopsy 1

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

(a) Accident, suicide, or homicide (specify) 1

(b) Date of occurrence 1

(c) Where did injury occur? (City or town) (County) (State) 1

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1

(Specify type of place) (e) Means of injury 1

23. Signature W. Phipps Keith (M. D. or other) 1

Address Eudora, Mo. Date signed 1/20/40

36-2-40

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**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.....

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.**