

MAY 13 1940

State File No. _____

Registration District No. 547

Primary Registration District No. 3079

Registrar's No. 121

1. PLACE OF DEATH:

(a) County Marion
 (b) City or town Hannibal
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1710 Wardlow
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Robt. Anderson
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color Black 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Anna Belle 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Monroe Mo
 (Month) (Day) (Year) 1874

8. AGE: Years 66 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business _____

MOTHER FATHER
 12. Name John Anderson
 13. Birthplace Monroe city Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Ma Howard
 15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs A. Anderson

(b) Address 1710 Wardlow

17. (a) Burial (b) Date thereof 4-11-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robinson

18. (a) Signature of funeral director Geo E Roberts

(b) Address Hannibal

19. (a) Apr 10 40 (b) W C Fisher
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion
 (c) City or town Hannibal
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1710 Wardlow
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 5th
 year 1940 hour 12 minute 5 P.M.

21. I hereby certify that I attended the deceased from April 4 1940 to April 5 1940
 that I last saw him alive on April 4 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac thrombosis

Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings:
 Of operations _____
 Of autopsy _____

Duration _____

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? U.C.
 While at work? _____ (Specify type of place) Means of injury _____

23. Signature W C Fisher (M. D. or other) _____

Address Hannibal Mo Date signed _____

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

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.