

WED MAY 13 1940

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

15548
Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 589
(b) Township Bear Creek Primary Registration District No. 5787a
(c) City or Jenksburg, Mo. (d) Street No. _____ St.
(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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

James Anderson
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 9 24

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

FATHER 13. NAME James Anderson

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

MOTHER 15. MAIDEN NAME Katharine Baker

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

17. INFORMANT (ADDRESS) Mrs. James Anderson Jenksburg Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Jenksburg Cemetery DATE April 12 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. A. Harding Jenksburg Mo.

20. FILED April 12 1940 Mary Lou Plumer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 1940

22. I HEREBY CERTIFY, That I attended deceased from Mar 27, 1940, to April 10, 1940
I last saw him alive on April 9, 1940 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:

Coronary Thrombosis
Hypertension
Other contributory causes of importance: 44B

Date of onset 2-10-40

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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? Yes
If so, specify _____
(Signed) James O. Helm, M. D.
(Address) New Florence Mo.

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.....

Carl A. Harding....., Registered Apprentice No.....
working under my personal supervision.

Signed *Carl A. Harding*.....

Licensed Embalmer No. *4115*.....

P. O. Address *Genealogy, 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.