AUG 24 1940

No. 7
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25060

Registration District No. 917 Primary Registration District No. 5297 Registrar's No.

1. PLACE OF DEATH:
(a) County Douglas
(b) City or town P.O. Blanche
(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 2 (Specify whether years, months or days)
In this community 21

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Douglas
(c) City or town P.O. Blanche
(If outside city or town limits write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Providence Anderson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 2 (Day) 1838 (Year)
8. AGE: Years 101 Months 7 Days 28 If less than one day hr. min.
9. Birthplace W. Virginia (City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
12. Name William H. Anderson (FATHER)
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Ann Collins (MOTHER)
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Tom Anderson
(b) Address Blanche Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1 40 (Month) (Day) (Year)
(c) Place: burial or cremation Cedar Cemetery
18. (a) Signature of funeral director Cyrus Stopp
(b) Address Mt. Grove Mo.
19. (a) 9-9 (Date received local registrar) (b) Beba King White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 6 day 30 year 1940 hour 3 minute 45 P. M.
21. I hereby certify that I attended the deceased from 7-12-1932, 19..., to June 6, 1940, that I last saw h... alive on June 6, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration
Old age
Due to
Due to
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature M. C. Gentry (M. D. or other)
Address Ava Mo. Date signed 7-15-40

(Licensed Embalmer's Statement on Reverse Side)

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. 3/6

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.

S. No. 2B
—2-21-40
I X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25-060

Registration District No. 917 Primary Registration District No. 5397 Registrar's No. 45

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Douglas

(b) ~~City or town~~ Brush creek
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

3. (a) PRINT FULL NAME Providence Anderson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 101 Months 7 Days 28 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 9-9 1940 (Date received local registrar) (b) Reba King White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature M. C. Gentry (M. D. or other)
Address Ava Mo Date signed