

STANDARD CERTIFICATE OF DEATH

State File No. 28321

5-17-39  
X21492

MAILED AUG 16 1940

Registration District No. 213

Primary Registration District No. 301x

Registrar's No. 202

1. PLACE OF DEATH **WED SEP 19 1940**

(a) County COLE

(b) City or town JEFFERSON CITY MO  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home  
(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 1/2

3. (a) PRINT FULL NAME JEFFERSON ANDERSON

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. none

4. Sex MALE

5. Color or race NEGRO

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased June 26 1861  
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 14 hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Labourer

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

MOTHER FATHER

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Wm Fowler

(b) Address Washington Park Jefferson City

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 8-11-40  
(Month) (Day) (Year)

(c) Place: burial or cremation Longview

18. (a) Signature of funeral director James Service

(b) Address 700 Jefferson St

19. (a) 8/13/40  
(Date received local registrar)

(b) D. M. of Col. M.A.  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County COLE

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

(d) Street No. 523 Jefferson  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9 year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 27 1940 to Aug 9 1940  
that I last saw him alive on Aug 9 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Arterio Sclerosis

Due to \_\_\_\_\_

Due to 92 W

Other conditions: Senility  
(Include pregnancy within 3 months of death)

PHYSICIAN

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

Of autopsy none

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature D. S. Dangle (M. D. or other) \_\_\_\_\_  
Address Jefferson City Date signed 8/10/40

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

26  
3  
5

**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

*Loen N. Anderson*

Licensed Embalmer No. *3641*

P. O. Address *Jefferson City*

**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.**