

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. GOVERNMENT PRINTING OFFICE
1934

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28408

Registration District No. 266

Primary Registration District No. 5373

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Dent Franklin
(b) City or town Cladden Twp Rural
(If outside city or town limits, write "RURAL" and name of township)
(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 XX (Specify whether)
In this community all his life
years, months or days

8. (a) PRINT FULL NAME Marion W Anderson 536

8. (b) If veteran, name war XX 3. (c) Social Security No. X

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Core Hines 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Mar 30 1873
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 29 If less than one day hr. min.

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

10. Usual occupation laborer

11. Industry or business Farminging

MOTHER FATHER { 12. Name Jeremiah Anderson
13. Birthplace Barry County Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary E Schafer
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant J. Morton
(b) Address Jadwin Mo

17. (a) burial (b) Date thereof July 31/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Forest Cem

18. (a) Signature of funeral director Carl K. Spina

(b) Address Salem Mo

19. (a) August 31 1940 (b) DeSantis
(Date received for local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent
(c) City or town Cladden Twp Franklin
(If outside city or town limits, write "RURAL")
(d) Street No. XX (If rural, give location)
(e) If foreign born, how long in U. S. A? XX years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1940 hour 10 minute A M.

21. I hereby certify that I attended the deceased from July 28 1940 to July 28 1940;
that I last saw him alive on July 28 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Due to 7/28 - 1940

Due to 7/28 - 1940

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

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

(a) Accident, suicide, or homicide (specify) 240
(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 Dr. J. L. Sullivan (M. D. or other) 1940
Address Salem Mo Date signed July 30 1940

Duration
4 Days
28 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

840834

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.