

2
3-40
-39
K23159

State File No. _____

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sealock Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Hospital - 2
(If not a hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pettis
(c) City or town Georgetown MO
(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 LAWRENCE ANDERSON 536

3. (b) If veteran, name war _____ 3. (c) Social Security No. 491-07-4870

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 Dec 23 1909
(Month) (Day) (Year)

8. AGE: Years 31 Months 7 Days 26 If less than one day
hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Charles Anderson

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

14. Maiden name Phinnie Williams

15. Birthplace Georgetown MO 0
(City, town, or county) (State or foreign country)

16. (a) Informant Corine Jackson

(b) Address Georgetown

17. (a) Burial (b) Date thereof Aug 20 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Georgetown

18. (a) Signature of funeral director P. W. Alexander

(b) Address 400 West Cooper St.

19. (a) Aug 20 1940 (b) Mrs. Hedy Shood
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 18
year 1940 hour noon minute _____ M.

21. I hereby certify that I attended the deceased from July 28, 1940, to 8/18, 1940
that I last saw him alive on 8/18, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Embolism of heart

Due to Thyroidectomy

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: adenoma of thyroid gland
Of operations _____
Of autopsy _____

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?
905

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Dr. J. E. ... (M. D. or other) _____

Address Sealock MO Date signed 8/21-40

Duration

instant

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 9-11-40

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.....

J. Price Alexander

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

J. P. Alexander

Licensed Embalmer No. 3572

P. O. Address *J. Julia Ho*

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, fact should be so stated above.