No. 2
11-10-39
5-17-39
I X21492

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. 29457

SEP 25 1940

Registration District No. 736 — Primary Registration District No. 30345970 — Registrar's No. 159

1. PLACE OF DEATH:

(a) County Randolph

(b) ~~City or~~ township Sugar 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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) ~~City or~~ town ship of Sugar Creek

(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.? 60 years.

3. (a) PRINT FULL NAME Sontrid Anderson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 19th (Day) 1858 (Year)

8. AGE: Years 81 Months 8 Days 17 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Larse Anderson

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Roy Ratliff

(b) Address R#1 Moberly, Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof Aug 8-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly

19. (a) Aug 8-1940 (Date received local registrar) (b) Leah Kelley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day Aug year 1940 hour 5 minute 30 A M.

21. I hereby certify that I attended the deceased from Coroner Case, 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 Natural, but not determined, probably cardio-renal disease	6 or 8 years,
Due to —	
Due to —	
Due to He would not have a physician,	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy None	

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 E. F. Strader + coroner (M. D. or other)

Address Moberly, Mo. Date signed 8-6-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-40-1807
Date Filed SEP 18 1940

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 Frank D. McNutt

Licensed Embalmer No. 302

P. O. Address Moberly Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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