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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED OCT 11 1940

STANDARD CERTIFICATE OF DEATH

State File No. 31377

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 210

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

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community 85 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 1201 Paris Rd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Benjiman M. 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 widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased 12 (Month) 4 (Day) 1854 (Year)

8. AGE: Years 85 Months 9 Days 18 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Statesman
11. Industry or business

FATHER
12. Name Ben Anderson
13. Birthplace Orange Co. (City, town, or county) Va. (State or foreign country)

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

16. (a) Informant Mrs. M. L. Lipscomb
(b) Address Columbia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-24-40 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cem.
18. (a) Signature of funeral director Ben McHarg
(b) Address Columbia, Mo.
19. (a) 9/24/40 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 22 year 1940 hour 2 30 minute P. M.
21. I hereby certify that I attended the deceased from 4-28, 1940, to 9-22, 1940
that I last saw him alive on 9-22, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Decompensation	2 Mo.
Due to M.I.	
Due to	
Other conditions Pernicious anemia (Include pregnancy within 3 months of death)	1 yr.
Major findings: Of operations None	PHYSICIAN
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? None (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 W. O. Dysart (M. D. or other)
Address Columbia, Mo. Date signed 9-24-40

(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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Tom McHarg

Licensed Embalmer No. 4067

P. O. Address Columbia, Mo

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..