

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32767
Registrar's No. 94

Registration District No. 657

Primary Registration District No. 5862

1. PLACE OF DEATH:

- (a) County Pemiscot
(b) City or town Rural Little Prairie
(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 2
(Specify whether

In this community 3 months
years, months or days)

3. (a) PRINT FULL NAME Rudolph M. Anderson

8. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓

4. Sex Male 5. Color or race Black (a) Single, widowed, married, divorced ✓

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

7. Birth date of deceased 6 15 40
(Month) (Day) (Year)

8. AGE: Years 0 Months 3 Days 0 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

- MOTHER FATHER { 12. Name Walter Anderson Jr.
13. Birthplace Pemiscot Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Forney Aldinger
15. Birthplace Pemiscot
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Anderson Jr.

(b) Address Cantharville Mo 674

17. (a) Burial (b) Date thereof 9-16-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hickman cemetery

18. (a) Signature of funeral director H. L. Smith

(b) Address Cantharville Mo.

19. (a) Sept. 20, 1940 (b) E. A. Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Pemiscot
(c) City or town "Rural" Little Prairie
(If outside city or town limits, write "RURAL")

(d) Street No. B. F. A.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 15
year 40 hour _____ minute 40 A.P.M.

21. I hereby certify that I attended the deceased from Sept 5th 1940 to Sept 5th 1940
that I last saw him alive on Sept 5th 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration

Due to 9

Due to Choking Cough

Other conditions Choking Cough
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

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

23. Signature E. A. Martin (M. D. or other)

Address Cantharville Mo Date signed 9-19-40

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

10-40-16

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.

32 28 160
8 8
16

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.