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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35356**

NOV 20 1940

Registration District No. **316**

Primary Registration District No. **2001**

Registrar's No. **871**

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

1. PLACE OF DEATH:

(a) County **GREENE**

(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. John Hosp.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **8 hours**
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME **Dr. Arthur Lynn Anderson**

3. (b) If veteran, name war **World War**

3. (c) Social Security No. **no**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Gertrude Anderson**

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

7. Birth date of deceased **January 16 1877**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓ 63	9	9		hr. _____ min.

9. Birthplace **Henry County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Physician**

11. Industry or business _____

MOTHER FATHER {

12. Name **James Anderson**

13. Birthplace **Unknown Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Louise Osborn**

15. Birthplace **Unknown Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Gertrude Anderson**

(b) Address **Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **Oct. 28 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hazelwood**

18. (a) Signature of funeral director **H. H. Lohmeyer**

(b) Address **Springfield, Mo.**

19. (a) **10-28-40** (b) **W. E. Handley MD**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**

(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")

(d) Street No. **1004 Cherry**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **25** year **1940** hour **5** minute **40 p. M.**

21. I hereby certify that I attended the deceased from **10/25**, 19**40**, to **10/25**, 19**40**;
that I last saw him alive on **Oct. 25**, 19**40**;
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral hemorrhage Duration **7 1/2 hrs**

Due to **Hypertension** **15 yrs**

Due to _____

Other conditions _____
(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? **9 8 11**

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature **W. E. Handley MD** (M. D. or other) **MD**

Address **Hazelwood Springfield Mo** Date signed **10/29/40**

NOV 16 1954

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

Milton Lewis Canada

Licensed Embalmer No.....

3434

P. O. Address.....

Springfield

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, fact should be so stated above.

X