

FILED NOV 25 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36589

Do not use this space.

1. PLACE OF DEATH
 (a) County TANEY 20 Registration District No. 861
 (b) Township SWAN Primary Registration District No. 6132 Registered No. 29
 (c) City _____ (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME PAUL ANDERSON
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RICHVIEW ILL.

13. NAME ARTHUR ANDERSON
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILL.

15. MAIDEN NAME LYDIA FAGLEY
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILL.

17. INFORMANT MRS. MARTHA ANDERSON
 (ADDRESS) FORSYTH MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE EDWARDS CEM. DATE OCT. 28, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) NONE

20. FILED Oct. 28, 1940 Irene B. Reynolds. (Address) _____
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1940 to Oct. 27, 1940
 I last saw him alive on Oct. 27, 1940 Death is said to have occurred on the date stated above, at 5:30 p.
 The principal cause of death and related causes of importance were as follows:
 Date of onset _____

Other contributory causes of importance:
Severe burn, chest
Ph. arm & back

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) Irene B. Reynolds, M. D.
Irene B. Reynolds

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 1140-2896

Date Filed NOV 15 1940

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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.....

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.