

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3693**
Registrar's No. **13**

Registration District No. **6-5-3**

Primary Registration District No. **4-388**

1. PLACE OF DEATH:

- (a) County **Pemiscot**
(b) City or town **Hayt**
(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

In this community **3 1/2 years** years, months or days)

3. (a) PRINT FULL NAME **Jack Anderson**

8. (b) If veteran ☒ name war.

3. (c) Social Security No. **702-03-4960**

4. Sex **m.** 5. Color or race **white**

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

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

6. (c) Age of husband or wife if alive **40** years

7. Birth date of deceased **Nov. 14 1898** (Month) (Day) (Year)

8. AGE: Years **42** Months **2** Days **17** If less than one day hr. min.

9. Birthplace **Vaughn Ark.** (City, town, or county) (State or foreign country)

10. Usual occupation **Chief Deputy Sheriff**

11. Industry or business **Sheriff's office**

12. Name **Lillian Anderson**

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

14. Maiden name **Sally Jones** (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature **Lillian Anderson**

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

17. (a) **Pemiscot** (b) Date thereof **3-2-41** (Month) (Day) (Year)

(c) Place: burial or cremation **Vaughn Ark**

18. (a) Signature of funeral director **Ray Funeral Home**

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

19. (a) **Feb 17 41** (b) **Edna Martiney** (Date received at local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County **Pemiscot**

(c) City or town **Hayt** (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. **10** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **31** year **1941** hour **9** minute **40 A** M.

21. I hereby certify that I attended the deceased from **1-31-** 19**41**, to **1-31** 19**41**, that I last saw him alive on **1-31-1941** and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary Occlusion
Due to **Chronic Valvular**
Due to **Heart disease**

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations **92 R**

Of autopsy _____

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? **585**

(Specify type of place) While at work _____ (e) Means of injury **92**

23. Signature **Fred H. Ogilvie** (M. D. or _____)

Address **Caruthersville** Date signed **1/31/41**

2-41-49

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.....

Jack Kelley

Licensed Embalmer No.....

3788

P. O. Address.....

Hayt. 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.