

REC'D MAR 17 1941

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

7092

Do not use this space.

1. PLACE OF DEATH

(a) County Howard Registration District No. 379  
(b) Township \_\_\_\_\_ Primary Registration District No. 4223  
(c) City Glasgow (d) Street No. \_\_\_\_\_  
(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

LOU ANDERSON  
(a) Residence, No. Glasgow Mo. 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 Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Baby  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18, 1941  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
23  
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) Glasgow Mo.

FATHER 13. NAME Tom Anderson  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis County Missouri

MOTHER 15. MAIDEN NAME Nellie Camp  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis County Mo.

17. INFORMANT (ADDRESS) Tom Anderson Glasgow Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Glasgow Mo DATE Feb. 10, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walker Anderson Glasgow Mo.

20. FILED 2-11 1941 John Anderson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 10, 1941

22. I HEREBY CERTIFY That I attended deceased from 2-7, 1941, to 2-10, 1941

I last saw him alive on 2-7, 1941. Death is said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia Date of onset \_\_\_\_\_

Other contributory causes of importance: Exhaustion with

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No

If so, specify \_\_\_\_\_  
(Signed) J. Anderson M. D.  
(Address) Glasgow Mo.

RECEIVED  
Act Health Officer No. 8  
Date Filed  
File Number  
5-16-41

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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.**