

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

10547

Registration District No.

1036

Primary Registration District No.

5372

Registrar's No.

3

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Texas Typ Near Salem
(c) Name of hospital or institution: XXXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXX
In this community all his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Russell Anderson

3. (b) If veteran, name war XX 3. (c) Social Security No. XX none

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced child

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

7. Birth date of deceased Mar 11 1934
(Month) (Day) (Year)

8. AGE: Years 6 Months 11 Days 1 If less than one day hr. min.

9. Birthplace Dent Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business XX

12. Name Chas Anderson

13. Birthplace Harlan Co Neb
(City, town, or county) (State or foreign country)

14. Maiden name Sylvia Taylor

15. Birthplace Dent Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Martha C Taylor

(b) Address Rhyse Mo

17. (a) Burial (b) Date thereof Feb 24/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fun Home

18. (a) Signature of funeral director Carl H. Hume

(b) Address Salem Mo

19. (a) 4/3 1941 (b) J. A. Kissack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent
(c) City or town Texas Typ Rural
(If outside city or town limit, write "RURAL")
(d) Street No. XX
(If rural, give location) XX
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12
year 1941 hour 4:00 minute P M.

21. I hereby certify that I attended the deceased from None
None, 19 , to None, 19 ;

that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death Killed by
Truck on High Way 32
15 miles West of Salem
Due to fractured Skull
occipital area
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Skull Fracture
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Feb 12 1941

(c) Where did injury occur? On High Way 32
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

244 (Specify type of place)
Where at work? (e) Means of injury Caused by truck

23. Signature W. D. Dineen (M. D. or other) 3

Address Salem Mo Date signed 2-14-1941

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

RECEIVED

District Health Officer No. 5,

District File Number 441 442

Date Filed _____

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. 8320

P. O. Address Salem, Me

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.