

Registration District No. **651**

Primary Registration District No. **4388**

1. PLACE OF DEATH:

(a) County **Pemissot**
(b) City or town **Lantherville**
(If outside city or town limits, write "RURAL" and name of township)
(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 years, months or days) _____ (Specify whether)

3. (a) PRINT FULL NAME **Fred Douglas Anderson**

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

4. Sex **male** 5. Color or race **Black** 6. (a) Single, widowed, married, divorced **Child**

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

7. Birth date of deceased **March 4, 1941**
(Month) (Day) (Year)

8. AGE: Years **8** Months **0** Days **8** If less than one day _____ hr. _____ min.

9. Birthplace **Lantherville, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name **Harold L. Anderson**

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

14. Maiden name **Mary Lillian Adams**

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

16. (a) Informant **Harold L. Anderson**

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

17. (a) **Burial** (b) Date thereof **March 13, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **yards, Ark.**

18. (a) Signature of funeral director **Friends**

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

19. (a) **March 13, 1941** (b) **Eida Masters**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pemissot**
(c) City or town **Lantherville, Mo.**
(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.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **12**
year **1941** hour **9** minute **0** A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Renfroscopy**
No attending physician
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
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? (a) Means of injury _____
23. Signature **SWP Hipp, Health Officer** (M. D. or other)
Address **Lantherville, Mo.** Date signed **3-12-41**

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

4-41-7

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.