

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. 3Registration District No. 734Primary Registration District No. 5968

## 1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Rural Jackson  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
R.F.D. # 2 Jacksonville Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community 50 Years  
years, months or days)

3. (a) PRINT FULL NAME Paul Anderson3. (b) If veteran, name war None 8. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased June, 14, 1871  
(Month) (Day) (Year)8. AGE: Years 69 Months 9 Days 11 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Randolph Co. Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name John R. Anderson13. Birthplace Howard Co. Missouri  
(City, town, or county) (State or foreign country)14. Maiden name Mildred P. Towles15. Birthplace Randolph Co. Missouri  
(City, town, or county) (State or foreign country)16. (a) Informant J. L. Anderson(b) Address R.F.D. # 2 Jacksonville Mo.17. (a) Burial (b) Date thereof Mar. 27, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Wt. Salem Macon Co.18. (a) Signature of funeral director Shaw Funeral Home(b) Address Moberly Missouri19. (a) Mar 28-41 (b) Walter Z. Bauman  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. # 2 Jacksonville Mo.  
(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 25th  
year 1941 hour 6 minute 15 P.M.21. I hereby certify that I attended the deceased from Sept - 2 1940 to Mar - 24 1941;  
that I last saw him alive on Mar 24 1941;  
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma of liver D.K.

Due to \_\_\_\_\_

Due to 57

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

23. Signature W. A. Davis (M. D. or other) DAddress Macon Mo Date signed Mar 26/41

RECEIVED

District Health Officer No. 10

District File Number 4-41-776

Date Filed APR 14 1941

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.....

*R. M. Carter*

Licensed Embalmer No. 4117

P. O. Address Moberly 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.