

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 23 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13777

State File No. _____

Registrar's No. 68

Registration District No. 26

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Andrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Andrain Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 1 day
years, months or days (Specify whether)

3. (a) PRINT FULL NAME JAMES W. ANDERSON

3. (b) If veteran, name war _____ 3. (c) Social Security 492-09-3599

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Ida Anderson 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Jan 15 1890
(Month) (Day) (Year)

8. AGE: Years 51 Months 3 Days 8 If less than one day hr. _____ min. _____

9. Birthplace Durban Tenn (City, town, or county) 1 Iowa (State or foreign country)

10. Usual occupation File Sitter

11. Industry or business Representing Hardware Store

12. Name James Anderson

13. Birthplace D. Not known (City, town, or county) (State or foreign country)

14. Maiden name Annie Jordan

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

16. (a) Informant Ida Anderson

(b) Address Vandalia Mo

17. (a) Buried (b) Date thereof Apr. 25 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia Mo.

18. (a) Signature of funeral director W. Waters

(b) Address Vandalia Mo.

19. (a) April 24 1941 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrain
(c) City or town Vandalia
(If outside city or town limits, write "RURAL")
(d) Street No. 909 Parker
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23rd
year 1941 hour 10:45 minute 3 M.

21. I hereby certify that I attended the deceased from April 22 to April 23, 1941.
that I last saw him alive on April 23, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction Duration 4 days

Due to Adhesion around loop of small bowel (Aug 1940)

Due to had perforated appendix - appendicitis with drainage

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

Major findings: Adhesion around loop of small bowel

Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

23. Signature Harry F. Orum (M. D. or _____)
While at work? _____ (Specify type of place) (e) Means of injury _____

Address Merich Mo Date signed April 24 1941

RECEIVED

District Health Officer No. 10

District File Number 5-41-977

Date Filed MAY 20 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

Leon B. Waters

Licensed Embalmer No.

4169

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, fact should be so stated above.