

MAY 9 1941

Registration District No. 124

Primary Registration District No. 3049

Registrar's No. 170

1. PLACE OF DEATH:

(a) County. Cape Girardeau
(b) City or town. Delta C.C.C. Camp, Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Diverson Channel
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____
(Specify whether
In this community 20 days
years, months or days)

3. (a) PRINT FULL NAME Elmer Donald Anderson

3. (b) If veteran, _____ name war _____
3. (c) Social Security No. 500-14-8566

4. Sex Male 2
5. Color or race Negro
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. February 21, 1923
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
18 2 6 hr. min.

9. Birthplace. Kansas City, Missouri ()
(City, town, or county) (State or foreign country)

10. Usual occupation. U. S. C.C.C. Enrollee

11. Industry or business. _____

12. Name Unknown (Father deceased)

13. Birthplace Unknown ()
(City, town, or county) (State or foreign country)

14. Maiden name Limmie R (Unknown)

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

16. (a) Informant Lieutenant Perry

(b) Address Delta C.C.C. Camp, Cape Girardeau

17. (a) Removal (b) Date thereof April 29, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Missouri

18. (a) Signature of funeral director. F. J. Sparks

(b) Address Cape Girardeau, Mo.

19. (a) 4-28-41 (b) J. M. Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jackson 48
(c) City or town. Kansas City 9
(If outside city or town limits, write "RURAL") 8
(d) Street No. 1601 Olive St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1941 hour 3 minute 45 P.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. Drowning Duration _____

Due to. Accidental immersion in
Diverson Channel 13

Due to. _____ 143

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

Major findings:
Of operations _____

Of autopsy Death by Drowning

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Accident 0/6

(a) Accident, suicide, or homicide (specify) April 27, 1941 Girardeau

(b) Date of occurrence Delta C.C.C. Camp, Cape Mo.

(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?
Diverson Channel

12 No (Specify type of place) Drowning

While at work? _____ (e) Means of injury Coroner 3

23. Signature J. M. Thompson (M.D. or other) 3
Address Jackson, Mo. Date signed 4/28/41

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

Frank Spatoro

Licensed Embalmer No.

3485

P. O. Address

Cape Girardeau 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, fact should be so stated above.