

No. 2  
4-13-40  
5-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15002

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

Registrar's No. 27

Registration District No. 467

Primary Registration District No. 4280

1. PLACE OF DEATH  
 (a) County Lawrence  
 (b) City or town Aurora, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 128 E. Anderson  
(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 \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME James S. Anderson  
 3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Varelia Emma Anderson 6. (c) Age of husband or wife if alive 1875 years  
 7. Birth date of deceased March 26 (Month) (Day) (Year)

8. AGE: Years 66 Months \_\_\_\_\_ Days 12 If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired Teamster

11. Industry or business Retired

12. Name W. T. Anderson

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

14. Maiden name Mary E. Trail

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

16. (a) Informant Varelia Emma Anderson

(b) Address 128 East Anderson - Aurora.

17. (a) Burial (b) Date thereof 4/9/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director Edward R. Gray

(b) Address 229 N. Church Aurora Mo

19. (a) May 1, 1941 (b) R. D. Cowan, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Lawrence 55  
 (c) City or town Aurora, Mo. 1  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 128 E. Anderson 1  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th  
 year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from June 21, 1940 to April 7, 1941;  
 that I last saw him alive on April 7, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Poisoning  
Infection of prostate gland  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions 1278  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration 8 days

not known

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) \_\_\_\_\_

(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? Y

While at work? Y (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature Neil Smith (M. D. or other) 0  
 Address 1219 Pleasant Aurora Mo Date signed 4/8/41

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

RECEIVED

District Health Officer No. 6,

District File Number 541-754

Date Filed MAY 8 1941

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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.....

Myself or Forest Klyne, Registered Apprentice No. 143  
working under my personal supervision.

Signed.....

Osborne L. Marsh

Licensed Embalmer No. 3812

P. O. Address Avon MA

**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.**