

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **15637**  
Registrar's No. **91**

Registration District No. **735** Primary Registration District No. **5970**

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or township Sugar Creek (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)  
In this community years, months or days

3. (a) PRINT FULL NAME Andrew G. Anderson

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Sue Anderson 6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 13 1865 (Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 6 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Lars Anderson 13. Birthplace Sweden 14. Maiden name Elizabeth Johnson 15. Birthplace Sweden (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Aubrey Burton

(b) Address R.F.D. Moberly, Mo

17. (a) Burial (b) Date thereof Apr 21 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly Mo

19. (a) Apr 21-41 (b) Leah Williams (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
(c) City or township Sugar Creek (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. 34 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th year 1941 hour 2 minute 30 M.

21. I hereby certify that I attended the deceased from Aug. 15 1937 to April 19 41, that I last saw him alive on April 19 41 and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Poison Duration 48 hrs  
Due to Prostatitis 12 yrs

Due to 12 yrs  
Other conditions (Include pregnancy within 3 months of death)

Major findings: 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)  
(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?

9 25 (Specify type of place) While at work? (c) Means of injury 3

23. Signature Bernie S. Jolly (M.D. or other) B.O.  
Address 201 W. 1st St., Moberly, Mo Date signed 4-20-41

RECEIVED

District Health Officer No. 10

District File Number 5-41-1044

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.....

*Frank D. DeWitt*

Licensed Embalmer No. 3021

P. O. Address Mobile, Ala

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.