No. 2
11-10-39
-17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17891

Registration District No. 328 Primary Registration District No. 3017 Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Trenton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Wright Memorial O. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days. (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy 40

(c) City or town Galt Mo (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.? 0 years.

3. (a) PRINT FULL NAME ELIAS REDMAN ANDERSON

3. (b) If veteran, name war ✓

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Anderson

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Nov (Month) 11 (Day) 1856 (Year)

8. AGE: Years 84 Months 3 Days 20 If less than one day hr. min.

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

10. Usual occupation Retired Newspaper owner

11. Industry or business

FATHER
12. Name William Anderson
13. Birthplace (City, town, or county) N.Y. (State or foreign country)

MOTHER
14. Maiden name Nancy Staples
15. Birthplace (City, town, or county) Mich (State or foreign country)

16. (a) Informant Mrs E. R. Anderson

(b) Address Galt Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 5 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Galt Mo

18. (a) Signature of funeral director P K Payne & Son

(b) Address Galt Mo

19. (a) 3-5-41 (Date received local registrar) (b) Irene D Faw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3-3-41 day year hour 8 minute a M.

21. I hereby certify that I attended the deceased from 2-17- 1941, to 3-3- 1941 that I last saw him alive on 3-2- 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Stomach	6 mo
Due to ✓	
Due to ✓	
Other conditions ✓ (Include pregnancy within 3 months of death)	

46 b

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? 300 (Specify type of place)

While at work? (e) Means of injury

23. Signature O. R. Rooks (M. D. or other) Φ

Address Trenton Mo Date signed 3-3-41

(Licensed Embalmer's Statement on Reverse Side)

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 K Payne Jr.

Licensed Embalmer No. 3400

P. O. Address Galt

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.