

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **24715**  
Registrar's No. **255**

Registration District No. **125** Primary Registration District No. **3009**

1. PLACE OF DEATH:  
(a) County **Cape Girardeau**  
(b) City or town **"**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **South Oak Mo. Hosp. 0**  
(If not in hospital or institution, write street number of location)  
(d) Length of stay: In hospital or institution **3 hours**  
(Specify whether  
In this community **all life** years, months or days)

3. (a) PRINT FULL NAME **KENNETH D 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 **0**  
6. (b) Name of husband or wife **"** 6. (c) Age of husband or wife if alive **"** years  
7. Birth date of deceased **July 23 1939**  
(Month) (Day) (Year)

8. AGE: Years **1** Months **11** Days **9** If less than one day **"** hr. **"** min.

9. Birthplace **McClure** **See 1**  
(City, town, or county) (State or foreign country)

10. Usual occupation **"**

11. Industry or business **"**

MOTHER FATHER { 12. Name **Jess Anderson**  
13. Birthplace **Cape County Mo. 0**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Selma Conrad**  
15. Birthplace **Bollinger County Mo. 0**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Jess Anderson**  
(b) Address **McClure See**

17. (a) **Buried** (b) Date thereof **7-6-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Grand Tower See**

18. (a) Signature of funeral director **J. G. Howell**  
(b) Address **Cape Girardeau Mo**

19. (a) **7-4-41** (b) **J. M. Thompson**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **ILLINOIS** (b) County **ALEXANDER**  
(c) City or town **McClure**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Rural Route**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. **2** years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **7** day **4**  
year **1941** hour **10** minute **35 P. M.**

21. I hereby certify that I attended the deceased from **7-3-41**  
to **7-4-41**, 19**41**,  
that I last saw him alive on **7-4-41**, 19**41**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Blind Dysentery**  
**Bleeding Disease?** Duration **1 week**

Due to **"**

Due to **"**

Other conditions **7512**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **"**

Of autopsy **"**

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? **"**

While at work? **"** (Specify type of place) (e) Means of injury **"**

23. Signature **Chas. J. Kirtley** (M. D. or **0**)  
Address **Cape Girardeau Mo** Date signed **1941**

1939  
22769-

---

---

**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.....

Licensed Embalmer No.....

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, above space should be left blank.**

STANDARD CERTIFICATE OF DEATH

State File No. 24715

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 250

I. PLACE OF DEATH:

- (a) County Cape Girardeau  
(b) City or town "  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: South East mo Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 hrs  
(Specify whether  
In this community all life years, months or days)

3. (a) PRINT  
FULL NAME

Kenneth D Anderson

3. (b) If veteran,  
name war.

3. (c) Social Security  
No.

4. Sex M

5. Color or  
race W

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive 5 years

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Illinois (b) County Alexander  
(c) City or town Mc Clure  
(If outside city or town limits, write "RURAL")  
(d) Street No. RR (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July

year 1941

hour 2

minute 15

M.

21. I hereby certify that I attended the deceased from

that I last saw him alive on July 24, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Due to

Due to

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 sta-  
tistically.

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(c) Means of injury

23. Signature

(M. D. or other)

Address

Date signed

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

SUPPLEMENTARY

2. The second part of the document focuses on the role of technology in modern business operations. It highlights how digital tools and software can streamline processes, reduce errors, and improve overall efficiency. The author argues that embracing technology is not just a luxury but a necessity for staying competitive in today's fast-paced market. Examples of various digital solutions are provided, along with their potential benefits and challenges.

3. The third part of the document addresses the issue of human resources and talent management. It discusses the importance of attracting, developing, and retaining skilled employees. The text explores different strategies for recruitment, training, and performance evaluation, suggesting that a holistic approach is needed to build a strong and motivated workforce. It also touches upon the importance of creating a positive work environment and fostering a culture of innovation.

4. The fourth part of the document deals with financial management and budgeting. It provides insights into how to effectively allocate resources, control costs, and maximize profitability. The author stresses the need for regular financial reviews and the use of budgeting tools to stay on track. It also discusses the importance of maintaining a healthy cash flow and managing debt responsibly.

5. The fifth and final part of the document covers legal and compliance aspects of business operations. It outlines the key areas where organizations must be vigilant, such as contract management, intellectual property protection, and adherence to industry regulations. The text advises on how to stay updated on changing laws and seek professional legal counsel when necessary to avoid costly mistakes.