No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 24863

Registration District No. 198 Primary Registration District No. 3011 Registrar's No. 100

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month, 1 day (Specify whether years, months or days)
In this community unknown 0

2. USUAL RESIDENCE OF DECEASED: 015
(a) State Missouri (b) County Camden 0
(c) City or town Linn Creek 0
(If outside city or town limits, write "RURAL")
(d) Street No. none
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Claude H. Anderson
3. (b) If veteran, name war World War
3. (c) Social Security No. 498-18-1494
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Mary Anderson
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased April 9, 1891 (Month) (Day) (Year)

8. AGE: Years 50 Months 3 Days 14. If less than one day ___ hr. ___ min.

9. Birthplace Linn Creek, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Clerk
11. Industry or business Federal Government
FATHER
12. Name Thomas Anderson
13. Birthplace ~~Kansas~~ ? (City, town, or county) Missouri 0 (State or foreign country)
MOTHER
14. Maiden name Nora Taylor
15. Birthplace ? (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Hospital Records
(b) Address Veterans Administration, Excelsior Springs, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-23-41 (Month) (Day) (Year)
(c) Place: [redacted] Camdenton, Mo.
18. (a) Signature of funeral director Claude Prichard
Claude Prichard
(b) Address Excelsior Springs, Missouri
19. (a) July 24-1941 (Date received local registrar) (b) Mrs Rex McCracken (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23d year 1941 hour 12:20 minute A. M.
21. I hereby certify that I attended the deceased from June 23, 1941, to July 23, 1941; that I last saw him alive on July 23, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Aneurism, abdominal, aorta
Due to Retro-peritoneal hemorrhage and hemo-thorax, secondary to ruptured aneurism, abdominal,
Due to aorta

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations --
Of autopsy As shown above

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? --
While at work? -- (Specify type of place) (e) Means of injury
23. Signature E.A. Welch (M. D. or other) E.A. Welch, M.D.
Address Veterans Administration Date signed 7-23-41
Excelsior Springs, Mo.

(Licensed Embalmer's Statement on Reverse Side)

AUG 13 1941

AUG 14 1941

OCT 1 6

RECEIVED
District Health Officer No. 8.
District File Number
Date Filed 8-5-41

**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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Spgs., Mo

**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, fact should be so stated above.**