

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 31224

FILED OCT 15 1941

Registration District No. 117Primary Registration District No. 5767

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Camden
 (b) City or town Camdenton Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Gen Del. or Star Route
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community life
 years, months or days

3. (a) PRINT FULL NAME

Benjamin Franklin Anderson3. (b) If veteran,
name war _____3. (c) Social Security
No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married,
divorced divorced

6. (b) Name of husband or wife Laura Rutledge 6. (c) Age of husband or wife if
alive 60 (?) years

7. Birth date of deceased April 24 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 4 18 hr. _____ min.

9. Birthplace Miller County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Civil Service

11. Industry or business off Retir

12. Name George W Anderson

13. Birthplace Day 1
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth

15. Birthplace Randolph Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Jim Anderson

(b) Address Camdenton, Mo

17. (a) buried (b) Date thereof Sept 12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Conway Cem

18. (a) Signature of funeral director Bankston-Woolery

(b) Address Camdenton, Mo

19. (a) Oct 9-1941 (b) Fizzell Miller
(Date received local registrar) (Registrar's signature)

(c) 1122 (d) _____
(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden
 (c) City or town Camdenton 15
 (If outside city or town limits, write "RURAL")
 (d) Street No. Gen Del. 0
 (If rural, give location) 0
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11
 year 1941 hour _____ minute 40 A M.

21. I hereby certify that I attended the deceased from Sept 10
10, 19 41 to Sept 11, 19 41
 that I last saw him alive on 9-11, 19 41
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Disease

Intermittent Chorea 1941

Due to _____

Due to _____

Other conditions None
 (Include pregnancy within 3 months of death)

Major findings: None

Of operations _____

Of autopsy None

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)

23. Signature E. J. Carbon H. D.
 (Doctor or other)

Address Camdenton, Mo Date signed 9-29-41

DEC 15 1947

DEC 9 1947

RECEIVED

District Health Officer No. 7,

District File Number 10-41-1773

Date Filed 10-13-41

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 Alfred Banksen Wood

Licensed Embalmer No. 2488

P. O. Address Camden, N.J.

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.