

FILED OCT 24 1941

STANDARD CERTIFICATE OF DEATH

32800

State File No. \_\_\_\_\_

Registration District No. 863

Primary Registration District No. 6137

Registrar's No. 25

1. PLACE OF DEATH:

(a) County TEXAS  
 (b) City or town RURAL PINEY  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community 20 yrs.  
 years, months or days (Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County TEXAS 107  
 (c) City or town RURAL  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5 MILES S.W. BUCYRUS, MO  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 9  
 year 1941 hour 8 minute \_\_\_\_\_ P.M.  
 21. I hereby certify that I attended the deceased from 9/9/41  
 19. to Sept 11, 1941  
 that I last saw him in alive on 9/7, 1941  
 and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME FREDRICK 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 WIDOWED

6. (b) Name of husband or wife AMANDA ANDERSON 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased DEC. 19 1868  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>8</u>	<u>20</u>	hr. _____ min. _____

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

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

12. Name ANDREW JOHNSON

13. Birthplace US SWEEDEN  
 (City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN  
 (City, town, or county) (State or foreign country)

16. (a) Informant EDNA ARTHUR

(b) Address BUCYRUS, MO

17. (a) BURIAL (b) Date thereof 9/11/41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GERMAN

18. (a) Signature of funeral director Hayward J. Elliott

(b) Address Houston, Mo

19. (a) 9-11-41 (b) Mabel Shacklett  
 (Date received local registrar) (Registrar's signature) (Date)

Immediate cause of death Heart failure  
General dyspnea  
Heart trouble  
 Due to Myocardial insufficiency

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death) 928

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address [Signature] Date signed 9/11/41

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

RECEIVED

District Health Officer No. 5,

District File Number. 10411 284

Date Filed .....

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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 E. Wood

Licensed Embalmer No. 4026

P. O. Address. Houston, Mo.

**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.**