

DEC 17 1941

State File No. _____

Registration District No. 175

Primary Registration District No. 5243

Registrar's No. 66

1. PLACE OF DEATH

(a) County Chariton
 (b) City or town Rural - Salisbury Twp.
 (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 _____
 (Specify whether _____)
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton
 (c) City or town Rural
 (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.? _____ years.

3. (a) PRINT FULL NAME Ernest Robert Anderson

3. (b) If veteran, name war World War 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Marie Anderson 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Nov 13 1892
 (Month) (Day) (Year)

8. AGE: Years 49 Months - Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name James Irvin Anderson

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

14. Maiden name Nancy E. Montgomery

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

16. (a) Informant's own signature Mrs Ernest Anderson

(b) Address Clifton Hill Mo

17. (a) Burial (b) Date thereof Dec. 13 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salisbury

18. (a) Signature of funeral director Geo Blunkh Meyer

(b) Address Salisbury Mo

19. (a) 12/15/41 (b) R A Helmig
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11
 year 1941 hour 7 minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec 11, 1941, to _____, 19____;
 that I last saw him alive on Dec 11, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Embolism
 Due to Chronic endocarditis

Due to _____
 Other conditions (Include pregnancy within 3 months of death) 92d

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 J. W. Sanders (M. D. or other) MD
 Address Clifton Hill Mo Date signed 12/12/41

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

WHILE FILLING IN THIS FORM, PLEASE USE INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 28 1942

FEB 20 1942

FEB 20 1945

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

Geo. W. Kefauver

Licensed Embalmer No. 2125

P. O. Address Salisbury Md

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.