

DEC 22 1941 954

Registration District No. _____

Primary Registration District No. 5979²

Registrar's No. 7

1. PLACE OF DEATH: Carroll Canal

(a) County Reynolds

(b) City or town Greely, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(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 Reynolds

(c) City or town Greely 90
(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 JAMES M. ANDERSON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5
year 1941 hour 3:15 minutes A M.

4. Sex MD

5. Color or race W

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

6. (b) Name of husband or wife Edith Anderson

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased March 23, 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 4, 1941, to Dec 7, 1941;
that I last saw him alive on Dec 4, 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 8 Days 12
If less than one day _____ hr. _____ min.

Immediate cause of death Apoplexy

Due to arteriosclerosis

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

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

Major findings: _____
Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name Wm. W. Anderson

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

PHYSICIAN Jza

Underline the cause to which death should be charged statistically.

14. Maiden name Susan Maymuelly

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

16. (a) Informant Edith Anderson

(b) Address Greely, Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial (b) Date thereof Dec. 6 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(c) Place: burial or cremation Greely, Cem.

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

18. (a) Signature of funeral director W. J. Spencer

(b) Address Salem, Mo

While at work? _____ (Specify type of place)

(e) Means of injury _____

19. (a) Dec 8 1941 (b) Martha J. J. J.
(Date received local registrar) (Registrar's signature)

23. Signature Wm. W. Anderson (M. D. or other)

Address Salem Mo Date signed 12-6-41

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

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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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, above space should be left blank.