

S. No. 2
A-4-13-40
v. 5-17-39
X23159

41996

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 20 1942

Registration District No. 370

Primary Registration District No. 4216

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Forest City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: I
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 14 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt
(c) City or town Forest City
(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 John Anderson

3. (b) If veteran, name 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 Corda Patter Anderson
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased May 16th, 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>5</u>	<u>17</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Charles L. Anderson
13. Birthplace Zanesville, Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Pamela Miller
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Corda Anderson
(b) Address Forest City, Missouri

17. (a) Burial (b) Date thereof Nov. 4, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest City, Missouri

18. (a) Signature of funeral director Pattison Funeral Service
(b) Address Oregon, Missouri

19. (a) _____ (b) Paul R. Anderson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3rd
year 1941 hour 12:40 minute A. M.

21. I hereby certify that I attended the deceased from Aug 1
1938, to Nov 3, 1941;
that I last saw him alive on Nov 1, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis Acute
Heart

Due to _____

Due to 730

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

Major findings: _____
Of operations None

Of autopsy None

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 B. F. Kearney (M. D. or other) D
Address 112 1/2 E. Main St. Date signed 11-7-41

Duration
3 1/2 years
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

44
0
0

44
0
0

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..... *James H. Pettijohn*

Licensed Embalmer No..... **3192**

P. O. Address..... **Oregon, Missouri**

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.