

JAN 6 1942
Registration District No. 315

Primary Registration District No. 5687

Registrar's No. 16

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

1. PLACE OF DEATH:

(a) County Mc Donald Prairie Twp

(b) City or town Southwest City 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 10 yrs _____ (Specify whether _____)

3. (a) PRINT FULL NAME HUBERT LEE ANDERSON

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

4. Sex MALE 5. Color or race W

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased May 30 1925
(Month) (Day) (Year)

8. AGE: Years 16 Months 8 Days 29 If less than one day hr. _____ min. _____

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

10. Usual occupation Student

11. Industry or business _____

12. Name H. L. Anderson

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

14. Maiden name Miss M. Knight

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

16. (a) Informant H. L. Anderson

(b) Address Southwest City Mo

17. (a) Burial (b) Date thereof 12-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshfield Mo

18. (a) Signature of funeral director W. H. ...

(b) Address ... Hospital

19. (a) 12-29-41 (b) Carl Norton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mc Donald

(c) City or town Southwest City Mo. 06000
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 28 year 1941 hour 11 minute 3 A.M.

21. I hereby certify that I attended the deceased from Sept 3 1941 to Dec 28 1941; that I last saw him alive on Dec 18 1941; and that death occurred on the date and hour stated above.

Immediate cause of death _____
Ewing's tumor of Left Femur

Due to _____

Due to _____

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

Major findings: Of operations 568

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 W. E. ... (M. D. or other) M.D.

Address Southwest City Mo Date signed 1-4-42

Duration _____

PHYSICIAN _____

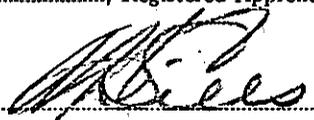
Underline the cause to which death should be charged statistically.

FEB 10 1942

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.

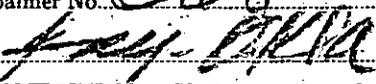
Signed.....



Licensed Embalmer No.....

368

P. O. Address.....



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.