

FILED FEB 10 1942

Registration District No. 266

Primary Registration District No. 5-73

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Rural Franklin Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent 53
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. X (If rural, give location) X
(e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30
year 1941 hour 5 minute 50 A. M.

21. I hereby certify that I attended the deceased from Dec 29, 1941, to Dec 29, 1941;
that I last saw him alive on Dec 29, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Brucella pneumoniae

Due to _____
Due to _____

Other conditions Tuberculosis lungs
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy none performed

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)
(d) Means of injury _____

23. Signature G. E. Jacobs (M. D. or other) 228
Address Salem Mo. Date signed 12/30/41

8. (a) PRINT FULL NAME Denver Earl Anderson

8. (b) If veteran, name war X 8. (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 Velma Lucile Anderson 6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased Jan 12 1912
(Month) (Day) (Year)

8. AGE: Years 29 Months 11 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business X

12. Name Terry Mike Anderson

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

14. Maiden name YANKEY

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

16. (a) Informant Oliver Anderson
(b) Address Salem Mo

17. (a) burial (b) Date thereof Jan 1 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Our Lady's

18. (a) Signature of funeral director Paul Spencer
(b) Address Salem Mo

19. (a) 12-30-41 (b) G. E. Jacobs
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number 14215

Date Filed _____

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 Idem, 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.