

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2670

State File No.

Registrar's No. 1

Registration District No. 437

Primary Registration District No. 5621 B

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Concordia Rural
(c) Name of hospital or institution: Died in his home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 10 YEARS
(Specify whether years, months or days)

3. (a) PRINT FULL NAME EDWIN H. ANDERSON

3. (b) If veteran, name war ✓ 3. (c) Social Security No. 486-05-6486

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 23 years (Day) (Year)

7. Birth date of deceased AUGUST 23 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 4 14 hr. min.

9. Birthplace KANSAS CITY MO
(City, town, or county) (State or foreign country)

10. Usual occupation WIRE CHIEF TELEPHONE CO.

11. Industry or business TELEPHONE COMPANY

12. Name FRANK H. ANDERSON

13. Birthplace NEW YORK N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name MARY J. ANDERSON

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

16. (a) Informant FRANK L. ANDERSON

(b) Address 2959 NORTH 17th ST K.C. KAN

17. (a) CREMATION (b) Date thereof JAN 10 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CREMATION K.C. MO

18. (a) Signature of funeral director E. J. JAMES

(b) Address 2014 GO RD 1 MO.

19. (a) Jan 9 42 (b) Richard Shynon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Concordia Rural
(d) Street No. R R # Freedom Trwp
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1942 hour 8:30 minute M.

21. I hereby certify that I attended the deceased from called as
Coroner to to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary
Obstruction died very
suddenly. No
medical attendance
Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: Of operations

Of autopsy no autopsy

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

(a) Accident, suicide, or homicide (specify) no

(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) Means of injury

23. Signature W. Martin M.D. Coroner

Address Odesse Mo Date signed 1-7-42

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

FEB 13 1942

RECEIVED

District Health Officer No. 8,

District File Number

Date Filled

2-10-42

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 me

....., Registered Apprentice No.,
working under my personal supervision.

Signed

E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia 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, fact should be so stated above.