

FILED MAR 20 1942

Registration District No. 460

Primary Registration District No. 5623

State File No.

Registrar's No. 5

1. PLACE OF DEATH

(a) County Lafayette
(b) City or town Higginsville Mo. (rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: home
(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

3. (a) PRINT William Allen Anderson
FULL NAME

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

4. Sex M. 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 _____ years

7. Birth date of deceased August 6-1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 6- Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name James R. Anderson
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Sally Ann Scott Green
15. Birthplace Richmond Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Amie W Anderson
(b) Address R. F. D. Higginsville Mo.

17. (a) Burial (b) Date thereof 2-9-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Higginsville Mo.

18. (a) Signature of funeral director W. A. Brackley
(b) Address Higginsville Mo.

19. (a) 2-9-1942 (b) Dr. W. A. Brackley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Higginsville Rural
(If outside city or town limits, write "RURAL")
(d) Street No. rural (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2-7-1942 day _____ year _____ hour 12 minute 5 A.M.

21. I hereby certify that I attended the deceased from Jan 7 1942 to Feb 7 1942
that I last saw him alive on Feb 7 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration before 1942
Due to Cerebral hemorrhage Dec. 1940

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

Major findings: Of operations 83a
Of autopsy _____
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) (e) Means of injury _____
23. Signature W. A. Brackley (M. D. or other)
Address Higginsville Mo Date signed Feb 9-1942

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number 3-12-42

Date Filed 3-12-42

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.....

....., Registered Apprentice No. 539
working under my personal supervision.

*Assisted by James Temple
+ James A. Hay*

Signed

Alfred H. Hay

Licensed Embalmer No. 539

P. O. Address Highsville

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.