

FILED MAY 25 1942

Registration District No. 547

Primary Registration District No. 3029

State File No. ....

Registrar's No. 99

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Levering Hospital  
(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 FULL NAME Hans 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 Widowed

6. (b) Name of husband or wife Fannie Mae 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 7, 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 6 5 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Clinton Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant John Anderson  
(b) Address Clarksville Missouri

17. (a) Burial (b) Date thereof 1/14/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cemetery

18. (a) Signature of funeral director Carroll Smith  
(b) Address 302 Broadway

19. (a) 4-13-42 (b) Robt W. Connor  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Marion Rolls

(c) City or town New London  
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. # 2  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1942 hour 6 minute 00 A. M.

21. I hereby certify that I attended the deceased from April 12 1942 to \_\_\_\_\_ 1942 that I last saw him alive on April 12 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure

Due to Cerebral Hemorrhage 6 hrs.

Due to Hypertensive Heart Disease 10 yrs.

Other conditions Right Hemiplegia 6 hrs.  
(Include pregnancy within 3 months of death)

PHYSICIAN W. J. ...

Major findings:  
Of operations \_\_\_\_\_  
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 Henry L. ... (M. D. or other) W. J. ...  
Address 100 N. 6th St Date signed 4/13/42

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

fresh

74  
3  
4

1146

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**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 A. Moles  
Licensed Embalmer No. 3296

P. O. Address Hannibal 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.**