DEPARTMENT OF COMMERCE
Bureau of the Census 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15285

Registration District No. 720 Primary Registration District No. 6234 Registrar's No. 52

1. PLACE OF DEATH:

(a) County PUTNAM

(b) City or town RURAL GRANT TOWNSHIP (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 — In this community 72 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PUTNAM 86

(c) City or town RURAL LIVONIA RFD 3 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME PERRY ANDREW ANDERSON

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife CHRISTINA ANDERSON

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased SEPTEMBER (Month) 18 (Day) 1868 (Year)

8. AGE: Years 73 Months 7 Days 0 If less than one day ____ hr. ____ min.

9. Birthplace Henry Co. (City, town, or county) IOWA (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARM

FATHER 12. Name DAVID ANDERSON

13. Birthplace DON'T KNOW (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name ELIZABETH BOOKINS

15. Birthplace DON'T KNOW (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Gene Crawford

(b) Address Unionville Mo RFD

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 18 1942 (Month) (Day) (Year)

(c) Place: burial or cremation ST JOHN CEMETERY

18. (a) Signature of funeral director COMSTOCK FUNERAL HOME

(b) Address UNIONVILLE MO By J. M. Comstock

19. (a) 4-19-42 (Date received local registrar) (b) [signature] (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 18 year 1942 hour 4 minute 20 A.M.

21. I hereby certify that I attended the deceased from March 21, 1942 to April 18, 1942 that I last saw him alive on April 6, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure & Nephritis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature P V Hart (M. D. ~~coroner~~)

Address Centerville Iowa Date signed 4/18-42

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 x 19511

RECEIVED
District Health Officer No. 10
District File Number 5-42-1004
Date Filed MAY 15 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 John N Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville 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.

V. S. No. 2B
10M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15285

Registration District No. 920 Primary Registration District No. 6234 Registrar's No.

1. PLACE OF DEATH:
(a) County Putnam
(b) City or town Union
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Perry R. Anderson
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 M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept (Month) 18 (Day) 1868 (Year)

8. AGE: Years 73 Months 7 Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month apr. day
year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Nephritis (Chronic)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 131 lbs	

Major findings:
Of operations
Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature P. V. Hart (M. D. ~~or other~~)
Address Centerville Mo. Date signed

SUPPLEMENTARY