

Registration District No. **213**Primary Registration District No. **4428**

1. PLACE OF DEATH:

(a) County **Pulaski**
(b) City or town **Waynesville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural Route 1
(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) **PRINTER** **Oliver Anderson**
FULL NAME

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

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Cora Anderson** 6. (c) Age of husband or wife if alive **52** years
7. Birth date of deceased **March 10 1879**
(Month) (Day) (Year)

8. AGE: Years **63** Months **2** Days **19** If less than one day
.....hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER { 12. Name **Jack Anderson**
13. Birthplace **Waynesville Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Lucy Murrell**
15. Birthplace **Waynesville Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Cora Anderson**
(b) Address **Waynesville Mo Route 1**
Burial (b) Date thereof **5/31/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Waynesville Mo**

18. (a) Signature of funeral director **R. D. Seeger**

(b) Address **Richland Mo**

19. (a) **June 3, 1942** **Chas M. Dods**
(Day received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Pulaski**
(c) City or town **Waynesville**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rural Route 1**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **29**
year **1942** hour **9** minute **00** P. M.

21. I hereby certify that I attended the deceased from **October**
1941 to **May 27** 1942
that I last saw him alive on **May 27** 1942
and that death occurred on the date and hour stated above.
Immediate cause of death **Coronary occlusion**

Due to **Embolism**

Due to

Other conditions **metastatic carcinoma**
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 **R. D. Seeger** (M. D. or other) **MD**
Address **Waynesville** Date signed **6/1/42**

RECEIVED

Pulaski County Health Officer

File Number 6-42-150

Date Filed 6-15-42

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.
working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18769

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County Pulaski
(b) City or town Wagnersville
(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)

3. (a) PRINT FULL NAME Porter O. 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: 52 years
7. Birth date of deceased: mch-10- 15 1942
(Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 14 (If less than one day, min.)
9. Birthplace: _____ (City, town, or county) (State or foreign country)

10. Usual occupation: _____

11. Industry or business: _____

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

16. (a) Informant: _____ (b) Address: _____

17. (a) _____ (b) Date thereof: _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation: _____

18. (a) Signature of funeral director: _____

(b) Address: _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Pulaski
(c) City or town Wagnersville
(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: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1942 hour 10 minute 0 P.M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him/her alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death: _____ Duration _____

Due to Coronary occlusion
Embolic

Due to 52h

Other conditions metastatic carcinoma
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Bladder (Primary seat)
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? _____

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

23. Signature W. B. Goldberger (M. D. or other) D.D.
Address Wagnersville, Mo Date signed 7/17/42

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

SUPPLEMENTARY

