

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JUL 28 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23742

State File No.

Registration District No. 29

Primary Registration District No. 4021

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Cassville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community most of life years, months or days)

3. (a) PRINT FULL NAME Vernie Anderson

3. (b) If veteran, name war no (c) Social Security No. 509-09-1975

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Ruth Anderson 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 27th 1907
(Month) (Day) (Year)

8. AGE: Years 35 Months 2 Days 26 If less than one day
hr. min.

9. Birthplace Cassville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name Robert Anderson
13. Birthplace Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Emma Abbott
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Anderson
(b) Address Cassville, Missouri Route

17. (a) Burial (b) Date thereof May 26 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cassville, Mo

18. (a) Signature of funeral director Horine & Culver
(b) Address Cassville, Missouri

19. (a) July 3-1942 Grace Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Cassville, Rural
(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 23rd
year 1942 hour 9:15 minute P 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.

Immediate cause of death Cerebral Thrombosis
Skull Fracture

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) Accident 005
(b) Date of occurrence May 23 1942
(c) Where did injury occur? Cassville Barry Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place)
(e) Means of injury Hit by Truck

23. Signature John R. Carson (M. D. or other) Allo.
Address Corona of Barry Co Date signed July 3-42

1077 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District File Number 742-1044

Date Filed JUL 27 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.....

R Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Cassville 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.