

FILED AUG 7 1942 9

Primary Registration District No. 5121

Registrar's No. 216

3072
COVER
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Butler**

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

(c) Name of hospital or institution: **Mo. Pac. R.R. tracks** (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Butler**

(c) City or town **Poplar Bluff, Rural** (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Jessie Wee Anderson**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **12** year **1942** hour _____ minute _____ M.

4. Sex **M** 2 5. Color or race **C** 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 **Jan 23 1900** (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	42	6	19	hr. _____ min.

Immediate cause of death **skull fracture and internal injuries** Duration _____

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

Due to **hit by train**
(accident caused by moving mine car)
Due to Pacific Train - wreck of
Carson (jury)

10. Usual occupation **Farmer**

Other conditions (Include pregnancy within 3 months of death) **169-4**

11. Industry or business **farm**

12. Name **Jessie Anderson**

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

Major findings: Of operations _____

14. Maiden name **Roxie Johnson**

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

Of autopsy _____

16. (a) Informant **Roxie Lyons**

(b) Address **St. Louis, Missouri**

17. (a) **Burial** (b) Date thereof **7-18-42** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **County Farm**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident 012**

(b) Date of occurrence **July 12 1942**

(c) Where did injury occur? **2 miles south Poplar Bluff Mo** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **No - on Mo. P. & N.** (Specify type of place)

18. (a) Signature of funeral director **Greer Gray Service**

(b) Address **Poplar Bluff, Mo.**

19. (a) **7-15-42** (b) **Belle Turner** (Date received local registrar) (Registrar's signature)

While at work? **no** (a) Means of injury **Train**

23. Signature **Alfred W. Greer** (M. D. or other) _____

Address **Poplar Bluff Mo** Date signed **7/13/42**

RECEIVED

District Health Office No. 2,

District File Number 842-924

Date Filed 8-4-42

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.