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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
HLH AUG 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

23985
State File No.

Registration District No. 117 Primary Registration District No. 5167 Registrar's No. 27

1. PLACE OF DEATH:
(a) County Camden (b) City or town Camdenton Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home - Highway #54
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Camden 15
(c) City or town Camdenton Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Star Route - Home on #5 Highway
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Bilford 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 Married
6. (b) Name of husband or wife Charlotta
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Aug (Month) 18 (Day) 1869 (Year)

8. AGE: Years 72 Months 11 Days If less than one day hr. min.

9. Birthplace Richland, Mo (City, town, or county) (State or foreign country)
10. Usual occupation Ret. Carpenter Contractor
11. Industry or business

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

16. (a) Informant Helen Peters
(b) Address St Louis, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20-42 (Month) (Day) (Year)
(c) Place: burial or cremation St Johns Cem, Eulach Co Mo
18. (a) Signature of funeral director Bankson - Woolery
(b) Address Camdenton, Mo
19. (a) July 20-42 (Date received by local registrar) (b) LaVerne Hopkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year hour 1 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 17 19 42 to July 18 19 42 that I last saw him alive on July 17 19 42 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial failure	3 mo
Due to Chronic myocarditis	2 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93d
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 L. Dale Atterbery (M. D. or other) DO
Address Camdenton Mo Date signed 7-20-42

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 8-42-869
Date Filed 8-6-42

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.