

No. 2
-9-4-41
5-17-39
I X29484

26847

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 238

16
4
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mo.
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Scott 100
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Sikeston Mo R#2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Franklin Anderson
(b) If veteran no name war _____
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 20 1942
year 42 hour 4 minute 15 P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married 2 divorced Widowed
(b) Name of husband or wife Nellie 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 6 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5/20 1942 to 8/10 1942
that I last saw him alive on 8/10 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 7 Days 4
If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Laceration 5 Mo
Duration

9. Birthplace Nashville, Tenn
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer, Retired

Due to _____
Due to _____

11. Industry or business _____
12. Name _____
13. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

16. (a) Informant Van Strickland
(b) Address Sikeston Mo R#2
17. (a) Burial (b) Date thereof 8-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Armer Cemetery
18. (a) Signature of funeral director W. L. Phelps
(b) Address Sikeston Mo
19. (a) 8-12-42 (b) W. L. Phelps
(Date received local registrar) (Registrar's signature)

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) _____
Means of injury _____
23. Signature D. G. Elrod (M. D. or other) _____
Address Cape Girardeau, Mo Date signed 8-11-42

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 942-421

Date Filed 9-7-92

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

Raymond Crews

Licensed Embalmer No. 3467

P. O. Address. Sikeston 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, fact should be so stated above.