

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27658

State File No. _____

Registration District No. 208

Primary Registration District No. 4320

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Palmyra Mo.
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____
In this community 311 Ross St. About 6 mo (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Palmyra
(If outside city or town limits, write "RURAL")
(d) Street No. 311 Ross St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME Monroe F. Anderson

3. (b) If veteran, name war: XXXXXXXXXX 3. (c) Social Security No. XXXXXXXX

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: 4-23-1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 4 5 _____ hr. _____ min.

9. Birthplace Warsaw Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired-Carpenter

11. Industry or business _____

12. Name William Anderson

13. Birthplace Not Known
(City, town, or county) (State or foreign country)

14. Maiden name Marjorie Anderson

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

16. (a) Informant Guy Offenhauser

(b) Address Palmyra Mo

17. (a) Removed & buried (b) Date thereof Aug 29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bluff Springs Cemetary

18. (a) Signature of funeral director A.M. Sprague

(b) Address Palmyra Mo

19. (a) Aug 29-42 (b) Mrs Margaret Maddox
(Date received local registrar) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8-28 -1942
year _____ hour 3 minute 30, P.M.

21. I hereby certify that I attended the deceased from February 1942 to Aug 29 1942
that I last saw him alive on August 29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Secondary anemia
Due to Hemorrhage apparently from peptic
Due to _____

Other conditions: arterial sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 0
Of autopsy 0

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) (z) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Palmyra Mo Date signed 8-29-42

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

64
2
0

64
0

1145

