

3. No. 2  
4-13-40  
5-17-39  
X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED SEP 9 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27939

State File No. \_\_\_\_\_

Registration District No. 280

Primary Registration District No. 4419

Registrar's No. 4

1. PLACE OF DEATH

(a) County Platte  
(b) City or town Dearborn Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: no. 1  
(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 60 years  
years, months or days

3. (a) PRINT FULL NAME Bert Anderson

3. (b) If veteran, name war no. 3. (c) Social Security No. 25.500-07-8194

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ardella Anderson 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased July 20 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 0 21 hr. min.

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

10. Usual occupation Carpenter + Painter

11. Industry or business none

12. Name Jesse Anderson  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary E. Hill  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Ardella Anderson  
(b) Address Dearborn Mo.  
17. (a) Burial (b) Date thereof Aug 12 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Camden Point Mo.  
18. (a) Signature of funeral director Quinn Davis  
(b) Address Dearborn Mo.

19. (a) Aug 11 1942 (b) Mrs. Clara S. Lee  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte  
(c) City or town Dearborn Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? no. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11 year 1942 hour 11 minute 0 A.M.

21. I hereby certify that I attended the deceased from Aug 11 1942 to Aug 11 1942  
that I last saw him alive on Aug 11 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Concussion of skull right  
Due to a fall from the top of a building  
Due to sudden

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations

Of autopsy body viewed head injury to right

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accidental  
(b) Date of occurrence Aug 11 1942 - 11 A.M.  
(c) Where did injury occur? at home (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
from a fall from a building  
While at work? Yes (Specify type of place) (e) Means of injury head injury

23. Signature W. H. Thompson (M. D. or other) Physician  
Address Dearborn Mo. Date signed Aug 12 1942

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

83  
0  
0

#1

## RECEIVED

District Health Officer No. Platte

District File Number 9-42-66

Date Filed 9-2-42

### 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 Russell Davis

Licensed Embalmer No. 4160

P. O. Address Seaborn 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.**