7. S. No. 2
M—9-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28435

FILED AUG 21 1942

Registration District No. 362 Primary Registration District No. 6234 Registrar's No. 27

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

109
0
0

1. PLACE OF DEATH
(a) County Warren Co
(b) City or town New Warrenton Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) ~~Name~~ of hospital or institution: / (Rural) Elkhorn Twp.
(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) / day
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Montgomery 70
(c) City or town Montgomery City
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Billie Boone Anderson
3. (b) If veteran, name war
3. (c) Social Security No. 499-05-2118
4. Sex M 2
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Virginia Anderson
6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased Sept 19 th 1917 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
24	10	15	hr. min.

9. Birthplace Centralia (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Wabash Rail Road Labor
11. Industry or business
FATHER 12. Name William Anderson
13. Birthplace Fayette Mo (City, town, or county) (State or foreign country) 0
MOTHER 14. Maiden name Stella Thomas
15. Birthplace Fulton Mo (City, town, or county) (State or foreign country) 0
16. (a) Informant Wm Anderson
(b) Address Montgomery City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/42 (Month) (Day) (Year)
(c) Place: burial or cremation Montgomery City Cem
18. (a) Signature of funeral director C. W. Hopkins
(b) Address Montgomery City Mo
19. (a) Aug. 7. 1942 (Date received local registrar) (b) John A. Bekermeyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4 year 1942 hour 1 minute 30 pm
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Badly Mangled Jury Verdict — Being struck by train	
Due to #12 while working on track	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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) accident
(b) Date of occurrence Aug 4 - 1942 10 P
(c) Where did injury occur? On T.P.R. track Co Warren Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Wabash RR track (Specify type of place)
While at work? Yes (e) Means of injury Hit by train
23. Signature Mrs J. H. Kinger Coroner (Or other)
Address Warrenton Mo Date signed Aug 6. 1942

1247 (Licensed Embalmer's Statement on Reverse Side)

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, ~~xxx~~ on the 4 th day of August 1942, Registered Apprentice No.....,
working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.