S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30527

State File No.

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 409

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Johns 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether In this community 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin Mo; (If outside city or town limits, write "RURAL") 2

(d) Street No. 123 N. Byers Ave; (If rural, give location) 5

(e) Citizen of foreign country? No (Yes or No)

If yes, name country No 0

3. (a) PRINT FULL NAME Lawrence W. Anderson

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Josephine Anderson

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Jan. 21, 1885 (Month) (Day) (Year)

8. AGE: Years 57 Months 8 Days 6 If less than one day hr. min.

9. Birthplace Rockville Mo; (City, town, or county) 0 (State or foreign country)

10. Usual occupation Druggist

11. Industry or business

FATHER
12. Name John W. Anderson
13. Birthplace Bates Co Mo; (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Anna Belle Barrows
15. Birthplace Pappinville Mo; (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs Josephine Anderson

(b) Address 123 N. Byers, Joplin Mo;

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 28, 42 (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director Hurlbut Und. Co;

(b) Address Joplin Mo;

19. (a) 9-28-42 (Date received local registrar) (b) Gertrude Sendhoeltz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, 25 day 1942 year hour 10-35 A.M. minute M.

21. I hereby certify that I attended the deceased from June 1941, to Sept 25, 1942 that I last saw him alive on Sept 25, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 3 days

Due to Hypertension — one year

Due to Myocarditis — one year

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

Major findings: Of operations none 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) none

(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 Michael Cherry (M. D. or other)

Address Joplin Mo Date signed 9/28/42

1204 (Licensed Embalmer's Statement on Reverse Side)

42-9-835

JAN 25 1943

AUG 31 1944

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 Perry K. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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.