S. No. 2
M—9-4-41
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30860

Registration District No. 210 — Primary Registration District No. 4322 — Registrar's No. 64

1. PLACE OF DEATH:
(a) County MERCER
(b) City or town PRINCETON 2nd (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: AXTELL HOSPITAL O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 DA. (Specify whether years, months or days) In this community 17-6-17

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County GRUNDY 40
(c) City or town RURAL 0 (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 1

3. (a) PRINT FULL NAME VIVAN LENORA ANDERSON
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex FEMALE | 5. Color or race WHITE | 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased FEB (Month) 28 (Day) 1925 (Year)

8. AGE: Years	Months	Days	If less than one day
17	6	17	hr. min.

9. Birthplace MERCER CO. (City, town, or county) MO O (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER / FATHER
12. Name JAMES W. ANDERSON
13. Birthplace SULLIVAN CO. (City, town, or county) MO O (State or foreign country)
14. Maiden name CHLOE McLAUGHLIN
15. Birthplace MERCER CO. (City, town, or county) MO O (State or foreign country)

16. (a) Informant G. W. Anderson
(b) Address Spickard
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 17 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Half Rock Cem.
18. (a) Signature of funeral director Chas. E. Schooler
(b) Address Spickard MO
19. (a) 9-17-42 (Date received local registrar) (b) Jesse Alley (Registrar's signature)

1117

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month September day fifteenth year 1942 hour 11:40 minute A M.
21. I hereby certify that I attended the deceased from September eleventh, 1942 to 9-15, 1942 that I last saw her alive on 9-15, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial pneumonia	3 da.
Due to Complications following	
tonsillectomy	2 wks.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations tonsillectomy Aug. 27, 1942	
~~Of autopsy~~ Harris Mo. Dr. C. D. Wise	

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? (Specify type of place)
While at work? (e) Means of injury 2 0.8

23. Signature Byron D. Axtell (M. D. or other)
Address Princeton MO Date signed 9-17-42

OCT 9 1942

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 Ross Wise

Licensed Embalmer No. 3771

P. O. Address Dickard 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.