

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34501  
Registrar's No. 338

FILED NOV 5 1942 74  
Registration District No. 192274

Primary Registration District No. 5927

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:  
(a) County Pettis  
(b) City or town Rural  
(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 \_\_\_\_\_ (Specify whether)  
In this community all His Life years, months or days

3. (a) PRINT FULL NAME George Truwell Anderson  
3. (b) If veteran, name war No  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Beulah Anderson 6. (c) Age of husband or wife if alive 42 years  
7. Birth date of deceased Dec 13th 1897  
(Month) (Day) (Year)

8. AGE: Years 44 Months 9 Days 21 If less than one day hr. min.

9. Birthplace 5 Miles West Green Ridge Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

MOTHER FATHER { 12. Name Levi Anderson  
13. Birthplace Taswell Co Illinois  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Opal Truwell  
15. Birthplace 5 Miles West Green Ridge Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Beulah Anderson

(b) Address Green Ridge Mo

17. (a) Burial (b) Date thereof 10/6/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Ridge Mo

18. (a) Signature of funeral director F. P. Hanna

(b) Address Green Ridge Mo

19. (a) 10-5-42 (b) Emilina Berger  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Pettis  
(c) City or town Rural-Green Ridge  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5 miles N-W Green Ridge  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.: Natural Born years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 4  
year 1942 hour 6 minute 0 A.M.

21. I hereby certify that I attended the deceased from Sept 7, 1942, to Oct 4, 1942  
that I last saw him alive on Oct 3, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Melanoma-Sarcoma S.K.  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

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) \_\_\_\_\_

(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) (e) Means of injury \_\_\_\_\_

23. Signature H. A. Hite (M. D. or other) M.D.  
Address Green Ridge Mo Date signed 10/5/42

RECEIVED

Sanitary Health Officer No. 8,

File Number -----

Number 11-4-42 -----

**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 M. L.

-----, Registered Apprentice No. 16  
working under my personal supervision.

Signed L. L. Ream -----

Licensed Embalmer No. 1881 -----

P. O. Address -----

**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, above space should be left blank.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 340-01

Registration District No. 274

Primary Registration District No. 5927

Registrar's No. 338

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME George J. Anderson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Dec 13  
(Month) (Day) (Year)

8. AGE: Years 44 Months 9 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day \_\_\_\_\_  
year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death: melano-sarcoma  
Primary seat, black mole on D. T.  
inner surface of right leg  
Due to Midway between knee & ankle  
metastasis to inguinal glands  
Due to and other parts of body

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Mole removed & other  
Of operations treatment given at cancer  
Of autopsy Hosp. at Columbia, Mo

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature H. A. Hite (M. D. or other) MD

Address Green Ridge, Mo Date signed 12/5/42

SUPPLEMENTARY

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

MOTHER FATHER

1942

S-34501