

Registration District No. 53

Primary Registration District No. 3011

Registrar's No. 140

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
W. Lincoln St
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll
(c) City or town Carrollton
(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 _____

3. (a) PRINT FULL NAME

Chas. Anderson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 14, year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 10-15, 1942 to 11-11, 1942 that I last saw him alive on 11-11, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic interstitial nephritis

4. Sex M 5. Color or race Col 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if 22 years
7. Birth date of deceased Oct. 27 1879
(Month) (Day) (Year)

8. AGE: Years 61 Months 0 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace: Carroll Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation: Farming

11. Industry or business _____

12. Name: Willis Anderson

13. Birthplace: Unknown (City, town, or county) (State or foreign country)

14. Maiden name: Rosa Finley

15. Birthplace: Carroll Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant: Lizette Parker

(b) Address: Carrollton Mo

17. (a) Burial (b) Date thereof: 11-17-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Hill

18. (a) Signature of funeral director: Stanley
(b) Address: Carrollton Mo

19. (a) 11-17-42 (b) Mar James Rafferty
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 13/a
Of operations _____

Of autopsy _____

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? _____ (Specify type of place) (e) Means of injury _____

23. Signature: William G. Atwood (M. D. or other) _____
Address: Carrollton Mo Date signed: 11/17/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

JAN 7 - 1943

RECEIVED

Health Officer No. 8,

License Number 11-20-42

NOV 23 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..... *Ben W. Gibson*.....

Licensed Embalmer No. 2961.....

P. O. Address..... *Carrollton, N.C.*.....

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State of..... }
County of..... } ss.

State File No.....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.....

On this..... day of....., 194....., before me appears.....

....., who, upon..... oath, states that the original record of ^{birth} death
for Charles Anderson, died Nov 14, 1942 in the State of
_{born} Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 8 should read Oct. 22, 1881

Instead of Oct. 21, 1874

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Erwine Mack Nephew Relationship.

5042 Champlain, Chicago, Ill.
Present Address.

Subscribed and sworn to before me this..... day of....., 194.....

My Commission expires.....

Erwin J. Brown
Notary Public.

Mar - 43

JAN 1971

