

FILED DEC 5 1942

Registration District No. **318**

Primary Registration District No. **2000**

39
2
6

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

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **O'Reilly General Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **84 days**
(Specify whether
In this community **84 days**
years, months or days)

3. (a) PRINT FULL NAME **FREDERICK EDMUND ANDERSON**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs. Dorothy Anderson** 6. (c) Age of husband or wife if alive **24** years
7. Birth date of deceased **May 12 1915**
(Month) (Day) (Year)

8. AGE: Years **1 27** Months **6** Days **9** If less than one day
hr. min.

9. Birthplace **Cedar Rapids Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Electrical Engineer**

11. Industry or business

MOTHER FATHER { 12. Name **Fred Anderson**

13. Birthplace **Chicago Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Zaruba**

15. Birthplace **Cedar Rapids Iowa**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Dorothy Anderson**

(b) Address **203-34th St. Dr. S.E., Cedar Rapids**

17. (a) **Removal** (b) Date thereof **Nov. 23, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cedar Rapids, Iowa**

18. (a) Signature of funeral director **Alma Sawyer**

(b) Address **Springfield Mo**

19. (a) **11-23-42** (b) **W. W. Hudley**
(Date received local registrar) (Registrar's signature)

20. (a) Signature **Alfred Luster** (M. D. or other)

Address **O'Reilly General Hospital** Date signed **11/24/42**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Iowa** (b) County **Linn**
(c) City or town **Cedar Rapids**
(If outside city or town limits, write "RURAL")
(d) Street No. **203--34th Dr. SE,**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **2**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **21**
year **1942** hour **3** minute **15** P.M.

21. I hereby certify that I attended the deceased from **August 30, 1942** to **November 17, 1942**
that I last saw him alive on **November 17, 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Anoxia**
Duration **48 hrs.**

Due to **Anaemia, aplastic** **9 mos.**

Due to

Other conditions **73d**
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **Confirmation of above diagnoses**

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

23. Signature **Alfred Luster** (M. D. or other)

Address **O'Reilly General Hospital** Date signed **11/24/42**

JAN 13 1949

DEC 7 - 1942

NOV 1 1949

MAR 20 1949

MAY 10 1949

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 *Lewis G. Schaff*

Licensed Embalmer No. *3802*

P. O. Address *Springfield, 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.

X