S. No. 2
f—9-4-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN -8 1943

Registration District No. 53

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3010

40400

State File No.

Registrar's No. 350

1. PLACE OF DEATH:

(a) County: Cape Girardeau

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

(c) Name of hospital or institution: St E. Mo. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hr. (Specify whether
In this community 6 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Cape Girardeau

(c) City or town: Cape Girardeau Mo. 16
(If outside city or town limits, write "RURAL")

(d) Street No. 1120 No. W.E. Boulevard
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME: WILLIAM W. ANDERSON

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: Male 0

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) 18 (Day) 1931 (Year)

8. AGE: Years 11 | Months 10 | Days 1 | If less than one day: hr. min.

9. Birthplace: Denver (City, town, or county) Colo. (State or foreign country)

10. Usual occupation: ✓

11. Industry or business: ✓

MOTHER FATHER

12. Name: Lo. W. Anderson

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

14. Maiden name: Mary L. McBride

15. Birthplace: Denver (City, town, or county) Colo. (State or foreign country)

16. (a) Informant: Lo. W. Anderson

(b) Address: Cape Girardeau, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 21-1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Lourmen

18. (a) Signature of funeral director: Walthesund-Co.

(b) Address: 260 N. Ruffle Cape Girardeau Mo

19. (a) 12-21-42 (Date received local registrar) (b) F.W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19
year 1942 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 19 1942 to Dec 19 1942
that I last saw him alive on Dec 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Pituitary Deficiency Hypo.

Due to: 1302

Due to:

Other conditions: Secondary Anaemia 6 mos.
(Include pregnancy within 3 months of death)

George H. Parker

Major findings:
Of operations:

Of autopsy:

Duration

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:

23. Signature: George H. Parker (M.D. or other)

Address: Cape Girardeau Mo Date signed 12/21/42

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 143-1604

Date Filed 1-7-42

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Jno Rister

Licensed Embalmer No. 3980

P. O. Address Cape Girardeau 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.