

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

FILED MAR 10 1948

6330

Do not use this space.

1. PLACE OF DEATH

(a) County Carte Registration District No. ref
 (b) Township Johansen Primary Registration District No. 5-208-521
 (c) City _____ (d) Street No. _____ Registered No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Benjamin Franklin Anderson
 (a) Residence, No. Carte Co. Mo. St. ☐ (If nonresident, give city or town and State) 0
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1 married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edna Anderson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 23, 1891
 7. AGE YEARS 57 MONTHS 5 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer & laborer
 10. Date deceased last worked at this occupation (month and year) light work till death
 11. Total time (years) spent in this occupation all his life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay City, Ill.

13. NAME Wilbur Anderson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayc Co. Ill.

15. MAIDEN NAME Hannah Taylor Miller
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cumersland Ohio

17. INFORMANT Edna Anderson (ADDRESS) Grandin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grandin Cem. DATE 2-16- 1948

19. FUNERAL DIRECTOR (NAME) (ADDRESS) P. Bocan Grandin Mo.

20. FILED Feb 14, 1948 Mrs. A. J. Smith Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14, 1948

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Accidental death, by burning -
was overcome in a burning residence & consumed entirely except bones
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 018
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) J. W. Cotton M. D.
 (Address) Town Bureau, Mo.

RECEIVED

District Health Officer No. 5,

File Number

345163

3-8-42

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.....

Licensed Embalmer No.....

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.