

U. S. No. 2
5-42
May 5-17-39
X32873

6744

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 11 1943
Registration District No. 30.35

Primary Registration District No. 30.35

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Lexington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution South Side 1 Add.
(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 Missouri (b) County Lafayette
(c) City or town Lexington
(If outside city or town limits, write "RURAL")
(d) Street No. South Side Add.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Pierce Anderson

3. (b) If veteran, name war _____ 3. (c) Social Security No. 487-05-0553

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married Married
6. (b) Name of husband or wife Ethel Higgins 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 27 1899
(Month) (Day) (Year)

8. AGE: Years 43 Months 2 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Lexington Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Miner

11. Industry or business Western Coal Mining Co.

12. Name James Anderson

13. Birthplace Courtney Mo
(City, town, or county) (State or foreign country)

14. Maiden name Ida May Shaw

15. Birthplace Lexington Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ethel Anderson

(b) Address Lexington Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 20 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Lexington Mo

18. (a) Signature of funeral director Wingler

(b) Address Lexington Mo

19. (a) 3-41-43 (Date received local registrar) (b) Mrs. Fred Schwaab (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18 year 1943 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from Dec 28 1942 to Feb 18 1943
that I last saw him alive on Feb 14 and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Embolism Duration Seven

Due to Endocarditis Seven

Due to _____

Other conditions Dec 28/42 attack coronary
(Include pregnancy within 3 months of death)
Major findings: Coronary embolism - partial PHYSICIAN
Myoplegia
Of operations _____

Of autopsy 94a
Underline the cause to which death should be charge 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 W. J. Schwaab (M. D. or other) D
Address Lexington Mo Date signed 3/4/43

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

54
3
2

Ryland

REIVED

Health Officer No. 8,

No. Number

3-9-43

APR 8 1943

APR 5 1943

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, fact should be so stated above.