

LED APR 8 1943 7
Registration District No. 7

Primary Registration District No. 3040

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Chillicothe Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community Life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Dorothy Anderson

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lena Anderson 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased March - 19 - 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 29 If less than one day hr. min.

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

10. Usual occupation Farmer Retired

11. Industry or business ✓

MOTHER FATHER
12. Name James F. Anderson
13. Birthplace Ky (City, town or county) (State or foreign country)
14. Maiden name Leticia Crust
15. Birthplace Mo (City, town or county) (State or foreign country)

16. (a) Informant Eugene H. House

(b) Address Chillicothe Missouri

17. (a) Burial (b) Date thereof Mar. 13 - 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgar Wood - Lena

18. (a) Signature of funeral director James Gordon

(b) Address Chillicothe Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Chillicothe (If outside city or town limits, write "RURAL")
(d) Street No. 1800 - W - Third St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 11
year 1943 hour 7 minute 30 - a - M.

21. I hereby certify that I attended the deceased from March 2, 1943 to March 11, 1943
that I last saw him live on March 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) § 301

Major findings: Of operations _____

Of autopsy _____

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? _____

23. Signature Dr. J. Russell (Specify type of place) (Specify type of injury)
Address Chillicothe Mo. Date signed 3/12/43

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

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

James B Gordon

Licensed Embalmer No. *1870*

P. O. Address *Lehilleville N.*

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
STANDARD CERTIFICATE OF DEATH

State File No. 10768
Registrar's No. 23

Registration District No. 187

Primary Registration District No. 3040

1. PLACE OF DEATH
(a) County Livingston
(b) City or town Chellieath
(c) Name of hospital or institution Chellieath Hospital
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (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 Dury Anderson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March Day 12 Year 1943 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____
that I have seen him/her alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Duration _____
Due to _____
Due to _____
Other conditions _____ (include pregnancy within 3 months of death)

7. Birth date of deceased March 12 (Month) (Day) (Year)
8. AGE: Years 73 Months 11 Days 2 If less than one day _____ min.

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
Major findings: Of operations _____
Of autopsy _____

9. Birthplace _____ (City, town, or county) (State or foreign country)
10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

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 _____ (M. D. or other) _____
Address _____ Date signed _____

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) March-13 (b) Low Elba Curry
(Date received local registrar) (Registrar's signature)

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

SUPPLEMENTARY

S-10768