

V. S. No. 2
50M-5-42
Rev. 5-17-39
PI X32873

10953

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 18 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 23

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

73
203

1. PLACE OF DEATH: Newton

(a) County Newton

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

(c) Name of hospital or institution: Sale & Bowman
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 60

(a) State Missouri (b) County McDonald

(c) City or town Jane
(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 Thomas C. Anderson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19 year 1943 hour 11 minute 40 A. M.

21. I hereby certify that I attended the deceased from March 18 1943 to March 19 1943
that I last saw him alive on March 19 1943
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 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 - 2 1874
(Month) (Day) (Year)

Immediate cause of death: Chronic interstitial nephritis and chronic endocarditis

Due to Arteriosclerosis and hypertension

Other conditions None
(include pregnancy within 3 months of death)

8. AGE: Years 76 Months 1 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation: Farmer

MOTHER FATHER

11. Industry or business _____

12. Name Harve Anderson

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

14. Maiden name Little Riquel

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

16. (a) Informant Laura M. Kenne

(b) Address Pineville Mo

17. (a) Bursal (b) Date thereof 3-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tracy

18. (a) Signature of funeral director R. M. Humphrey

(b) Address Pineville Mo

19. (a) 3-29-1943 (b) Early Thompson
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: Of operations None 13/a

Of autopsy None

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) Means of injury _____

23. Signature Donald B. Sale (M. D. or other) _____

Address Neosho, Mo. Date signed 3-23

Date Received APR 5 1943

File no. 343-38

APR 10 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.