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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

11017

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 9 1943

Registration District No. 270

Primary Registration District No. 5909

Registrar's No. 16

1. PLACE OF DEATH:

- (a) County Demiseat
(b) City or town "Rural" Little Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

3. (a) PRINT
FULL NAME

Carol Eugene Anders

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive years

7. Birth date of deceased 3-19-43
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 hr. 15 min.

9. Birthplace Caruthersville, Mo R 1 0
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

12. Name J. D. Anders
13. Birthplace New Madrid Co. Mo 1
(City, town, or county) (State or foreign country)

14. Maiden name Bern Bennett
15. Birthplace Demiseat Co. Mo 1
(City, town, or county) (State or foreign country)

16. (a) Informant J. D. Anders
(b) Address Caruthersville, Mo R 1

17. (a) Burial (b) Date thereof 3-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Cemetery

18. (a) Signature of funeral director J. D. Anders

(b) Address Caruthersville, Mo

19. (a) 3-15-1943 (b) Jessie H. Markey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Demiseat
(c) City or town Caruthersville, Mo R 1
(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 Rto # 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 14
year 43 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from
3-13- 1943 to 3-13- 1943;
that I last saw him alive on 3-13- 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 J. D. Anders (M. D. or other)
Address Caruthersville, Mo Date signed 3-15-43

3-43-171

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.