

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

FILED AUG 5 1943 / 2
Registration District No. 1000

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
Sisters Hospital
(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or institution 3 mo. (Specify whether years, months or days)

In this community 3 mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway

(c) City or town Marionville
(If outside city or town limits, write "RURAL")

(d) Street No. 710 S. Main
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Allen Kirby Anderson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m 5. Color or race w

6. (a) Single, widowed, married, divorced SO

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dec. 9 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

7 10 _____ hr. _____ min.

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

10. Usual occupation infant

11. Industry or business _____

MOTHER FATHER { 12. Name Carl M. Anderson

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

14. Maiden name Berisl James Anderson

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

16. (a) Informant Carl M. Anderson

(b) Address Marionville Mo

17. (a) removal (b) Date thereof 7-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marionville Mo

18. (a) Signature of funeral director Priscilla Funeral Home

(b) Address Marionville Mo

19. (a) 7-19-43 (b) Rose Henzay
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1943 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Mar 1 1943 to July 19 1943
that I last saw him alive on July 19 1943, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Internal typhloplectus
(congenital)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 157a

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. H. Ryan (M. D. or other) J. H. D.
Address Marionville Mo Date signed 7.20.43

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..... *Clay M. Price*

Licensed Embalmer No..... *1822*

P. O. Address..... *Marionville, Mo.*

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.