

ED SEP 9 1943
Registration District No. 267

Primary Registration District No. 4256

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

1. PLACE OF DEATH:

(a) County JOHNSON

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

(c) Name of hospital or institution:
WEST SECOND STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE (Specify whether years, months or days)

In this community 30 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JOHNSON

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

(d) Street No. WEST SECOND STREET
(If rural, give location)

(e) Citizen of foreign country? N.O. (Yes or No)
If yes, name country XXXXX

3. (a) PRINT FULL NAME ANTON GEORGE ANDERSON

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 11 TH
year 1943 hour 3 minute P. M.

4. Sex MALE 5. Color or race CAUC

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

6. (b) Name of husband or wife LOUISE ANDERSON

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased MARCH 12 1873
(Month) (Day) (Year)

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

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

70 4 29 hr. min.

Immediate cause of death Acute Pulmonary Edema Duration 24 hrs

9. Birthplace HALJERUB DENMARK
(City, town, or county) (State or foreign country)

Due to Acute Cardio-Respiratory Failure 3 days

Due to Carcinoma prostate with general Metastases 1 year

10. Usual occupation DAIRYMAN

11. Industry or business RETAIL

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: no operation

MOTHER FATHER

12. Name PETER CHRISTAIN ANDERSON

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

14. Maiden name METTA JENSON

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

Of operations no autopsy

Of autopsy no autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant LOUISE ANDERSON

(b) Address HOLDEN MISSOURI

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?

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 13 1943
(Month) (Day) (Year)

(c) Place: burial or cremation HOLDEN, MO

18. (a) Signature of funeral director Wm J Canaday

(b) Address Holden Mo.

19. (a) Aug 19 43 (Date received local registrar) (b) Mrs Frank Morris (Registrar's signature)

While at Holden Mo (Specify type of place) (c) Means of injury 0

23. Signature Wm J Canaday (M. D. or other) 8/15/43
Address Holden Mo Date signed

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

9-2-43

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..... *M. L. Canaday*

Licensed Embalmer No. *3434*

P. O. Address..... *Holden, 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.