

S. No. 2
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5-17-39
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33998

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 20 1943 2
Registration District No. _____

Primary Registration District No. 5014L

Registrar's No. 101

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town Jefferson Twp.
(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 years, months or days)

In this community 4 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

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

(d) Street No. R 2
(If rural, give location)

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

3. (a) PRINT FULL NAME Gary Gene Anderson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19
year 1943 hour 2 minute 40 P.M.

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

4. Sex Male 5. Color or race White 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 May 16 1930
(Month) (Day) (Year)

Immediate cause of death Burn Shot in Heart.

Due to _____

Due to _____

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

13 4 3 _____ hr. _____ min.

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

10. Usual occupation School

11. Industry or business _____

12. Name Fred Anderson

13. Birthplace St Joseph Mo
(City, town, or county) (State or foreign country)

14. Maiden name Wilma Anderson

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

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Fred Anderson

(b) Address Savannah, Mo

17. (a) Burial (b) Date thereof 9-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Fleemard son Inc

(b) Address St Joseph, Mo.

19. (a) 9/20/43 (b) JH Fritchman
(Data received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 00.2

(b) Date of occurrence Sept 19 1943

(c) Where did injury occur? Andrew Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Step 19 Rd. about 1 block W of 46571
(Specify type of place)

While at work _____ (c) Means of injury gun

23. Signatures Clifford L. Steedly (M.D. or other) RD
Address Savannah Mo. Date signed 9/19/43

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

MOTHER FATHER

1072

(Licensed Embalmer's Statement on Reverse Side) Andrew Anderson County

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.....

Robert H. Yaph

Licensed Embalmer No.....

3308

P. O. Address.....

St. Joseph, 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.