

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24582**

Primary Registration District No. **4176**

Registrar's No. **37**

1. PLACE OF DEATH:

(a) County **Dunklin**
(b) City or town **Malden**
(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

Wm Renshaw Andersson
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 **Married**

6. (b) Name of husband or wife **Ficki** 6. (c) Age of husband or wife If alive **58** years

7. Birth date of deceased **Dec. 20 1869**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 9 1 hr. min.

9. Birthplace **Bottomwood Point, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Merchant**

11. Industry or business **General Trade**

12. Name **William Young Andersson**

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

14. Maiden name **Susan C. Beaver**

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

16. (a) Informant **W. H. Andersson**

(b) Address **Malden**

17. (a) **Burial** (b) Date thereof **9-23-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Malden**

18. (a) Signature of funeral director **H. E. Craig**

(b) Address **Malden**

19. (a) **9-20-43** (b) **W. D. Elder**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Dunklin**
(c) City or town **Malden**
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **21**
year **1943** hour **9** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **Sept 21-6 AM 1943 to Sept 21-9:30 AM 1943**
that I last saw him alive on **Sept 21-1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Removal of Apoplexy**
Due to **Arterial Sclerosis**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 **Homey Beall M.D.** (M. D. or other)
Address **Malden Mo** Date signed **9/22/43**

1288

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2,

District File Number 1043-1315

Date Filed 10-15-43

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 J. L. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden, 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.