

S. No. 2
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5-17-39
PI X2948

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38325

State File No.

FILED DEC 7 1943

Registration District No.

Primary Registration District No. 63-26

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Hickory Stack

(b) City or town Cross Timbers (Rural)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community 21 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Hickory

(c) City or town 6th Cross Timbers (If outside city or town limits, write "RURAL")

(d) Street No. RURAL (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME John H Anderson

3. (b) If veteran, name war NA

3. (c) Social Security No. ND

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6 year 1943 hour 9 minute 30 P.M.

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Hattie H Anderson

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased. 7 21 1881 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Lead an my arrival 19... to... 19... that I last saw h..... alive on..... 19... and that death occurred on the date and hour stated above.

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

62 2 15 hr. min.

Immediate cause of death Fractured skull Duration 10 min.

Due to Car accident 1906-8

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

Due to Carless driving on part of John H Anderson

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Veterinary

11. Industry or business

12. Name Samuel Anderson

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

14. Maiden name Elizabeth White

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

Major findings: Fractured skull left orbit of the eye

Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Hattie Anderson

(b) Address Cross Timbers, MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 12-43 (Month) (Day) (Year)

(c) Place of burial or cremation Tombs (Rural) MO

18. (a) Signature of funeral director Hubert Mathew

(b) Address Whittard MO

19. (a) Nov 13 1943 (Date received local registrar) (b) Mary H. Carleton (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) Accidental 43

(b) Date of occurrence Oct 6-9 30 1 P.M.

(c) Where did injury occur? on Preston Hickory MO (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

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

23. Signature J. Medwards (M. D. or other)

Address Cross Timbers Date signed Oct 11 43

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

MOTHER FATHER

104-

RECEIVED

District Health Officer No: 71

District File Number

Date

11-43-1282

12-6-43

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

Clas Gilbert Helthaway

Licensed Embalmer No.

4267 ✓

P. O. Address

Wheatland, 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.