

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38847

State File No.

FILED DEC 10 1943

Registration District No. 278

Primary Registration District No. 5909

Registrar's No.

83

1. PLACE OF DEATH:

- (a) County Peru
(b) City or town Peru
(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

3. (b) If veteran, name war 3. (c) Social Security No. 1

4. Sex Male 5. Color or race col 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife 6. (c) Age of husband or wife if

7. Birth date of deceased 10-19-1943 alive 1 years
(Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

12. Name Harry Anderson
13. Birthplace Peru (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Mappin
15. Birthplace Peru (City, town, or county) (State or foreign country)

16. (a) Informant Harry Anderson
(b) Address Peru

17. (a) Burial (b) Date thereof 10-29-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Taylor
(b) Address Peru

19. (a) 10-29-1943 (b) Jessie W. Marke
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Peru
(c) City or town Peru
(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 29 day Oct
year 1943 hour 12-5 minute A M.

21. I hereby certify that I attended the deceased from 19 Oct 28 to 19 Oct 28
that I last saw him alive on Oct 28 and that death occurred on the date and hour stated above.

- Immediate cause of death

- Due to

- Due to

- Other conditions
(include pregnancy within 3 months of death)

- Major findings:
Of operations

- Of autopsy

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) (c) Means of injury

23. Signature Dr. Davis
Address Peru Date signed 10/29/43

11-43-319

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.....

Licensed Embalmer No.....

P.O. Address.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. Dec.

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Pemissot
(b) City or town Little Prairie Twp "Rural"
(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 Lairy Anderson

3. (b) If veteran, _____ 3. (c) Social Security
name war _____ No. _____

4. Sex m 5. Color or race B 6. (a) Single, widowed, married,
divorced 3

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ year _____

7. Birth date of deceased Oct. 19 - 1943
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation _____

- (a) Signature of funeral director _____

- (b) Address _____

19. (a) 10-29-1943 (b) Jessie W. Markey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State mo. (b) County Pemissot
(c) City or town Caruthersville - R. 1
(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 Oct day 29
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;

that I last saw him/her alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Prematurity

Due to _____

Due to _____

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 sta-
tistically.

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 _____ (M. D. or other) _____

Address _____ Date signed _____

