

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 10 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41828

State File No.

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 398

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(c) Name of hospital or institution: St. Francis Hospital
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days)
In this community 2 weeks

3. (a) PRINT FULL NAME FRANK ELI ANDERSON

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

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cassie Anderson 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased Jan 6, 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 6 If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business

MOTHER FATHER { 12. Name Charles D Anderson
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca Gilbert
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Cassie Anderson

(b) Address Jackson Mo

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

(c) Place: burial or cremation Sedgewickville Mo

18. (a) Signature of funeral director J. H. Miller

(b) Address Jackson

19. (a) 12-14-43 (b) F. H. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cape Girardeau
(c) City or town Jackson
(If outside city or town limits, write "RURAL")
(d) Street No. — (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12th
year 1943 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept 1943 to Dec 12 1943
that I last saw him alive on Dec 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary
Pneumonia Duration 6 hrs

Due to Pulmonary asthma 15 yrs

Due to —
Other conditions Hypertension 10 yrs
(Include pregnancy within 3 months of death)

PHYSICIAN
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 T. E. Ruff (M. D. or other) M.D.
Address Jackson Mo Date signed 12-13-43

100

Health Officer No. 4

Number 144-31

1-7-48

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 *Thomas R. Allen*

Licensed Embalmer No. 4055

P. O. Address *Jackson*

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Jan.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 wk.
(Specify whether
In this community
years, months or days)

3. (a) PRINT
FULL NAME

Frank E. Anderson

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 m
6. (b) Name of husband or wife
6. (c) Age of husband or wife if
alive 36 year
7. Birth date of deceased Jan. 6 - 1926
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 1 10 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 (City, town, or county) (State or foreign country)

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (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 Dec Year 1943 hour 1 minute 15 M.

21. I hereby certify that I attended the deceased from 1943 to 1943;
that I last saw him alive on 12/3/43;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar
Pulmonary Pneumonia

Due to Pulmonary Asthma 15 yr.

Due to

Other conditions Hypertension 10 yr.
(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?

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

23. Signature (M. D. or other)

Address Date signed

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

SUPPLEMENTARY

S-41828