

FILED JAN 12 1944

Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
McFarland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution four hrs
(Specify whether
In this community X
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent
(c) City or town Franklin
(If outside city or town limits, write "RURAL")
(d) Street No. X (If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME James Wesley Anderson

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

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced infant
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased Dec 6 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
X X X 4 hrs
hr. min.

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

10. Usual occupation X

11. Industry or business X

12. Name Ray Anderson
13. Birthplace Dent Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Eveland Pearl Smith
15. Birthplace Dent Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Anderson
(b) Address Salem Mo

17. (a) burials (b) Date thereof 12/7/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cornith Cem

18. (a) Signature of funeral director [Signature]
(b) Address Salem Mo

19. (a) Dec 7 1943 (b) [Signature]
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6
year 1943 hour 9 minute P M.
21. I hereby certify that I attended the deceased from 5-PM Dec 6 1943 to 9 A-M Dec 7 1943
that I last saw him alive on Dec 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Premature labor 6 months
Duration

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 159

Major findings: Of operations
Of autopsy
PHYSICIAN
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 [Signature] (M.D. or other) 0
Address Rolla, Mo. Date signed 12-7-43

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

MOTHER FATHER

37
2
2

107

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..... *X L L*

Licensed Embalmer No. *XXX*

P. O. Address..... *XXXX*

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.