

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

7038

FILED MAR 6 1944

Registrar's No.

187

Registration District No.

Primary Registration District No.

4169

1. PLACE OF DEATH:

(a) County DeKalb
(b) City or town Osborn
(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 Andrew 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 ANNA KEESAMAN ANDERSON 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased September 15 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 27 If less than one day hr. min.

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

10. Usual occupation Farming (retired)

11. Industry or business

12. Name Peter Anderson
13. Birthplace Sweden
(City, town, or county) (State or foreign country)
14. Maiden name Louise Patterson
15. Birthplace Sweden
(City, town, or county) (State or foreign country)

16. (a) Informant Anna L Anderson
(b) Address Osborn Mo

17. (a) Burial (b) Date thereof 2-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborn Cemetery

18. (a) Signature of funeral director E. G. Taylor
(b) Address Stantonville Mo.

19. (a) Feb 13 (b) 4
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb
(c) City or town Osborn
(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 July day 11
year 1944 hour 1:0 minute 55 P.M.

21. I hereby certify that I attended the deceased from Jan 19 1944 to July 11 1944
that I last saw him alive on July 11 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Thrombosis

Due to.

Due to.

Other conditions. (Include pregnancy within 3 months of death) 940

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 M. S. Dale (M. D. or other)
Address Osborn Mo Date signed 7/11/44

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

MAR 16 1944

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.