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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 187 Primary Registration District No. 5694 Registrar's No. 24

59
0
0

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

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Rural Chillicothe Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chillicothe / R. F. D. 6
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingston 59
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country — 0

3. (a) PRINT FULL NAME Joseph J 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 Effie Anderson
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Jan (Month) - 20 (Day) - 1872 (Year)

8. AGE: Years 72 Months 1 Days 9 If less than one day — hr. — min.

9. Birthplace Livingston Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Isaac M Anderson
13. Birthplace Livingston Co. (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Mary Jacobs
15. Birthplace (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant Effie Anderson
(b) Address Chillicothe Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-44 (Month) (Day) (Year)
(c) Place: burial or cremation Anderson Cem
18. (a) Signature of funeral director James D Gordon 1870
(b) Address Chillicothe Mo.
19. (a) [illegible] (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)
(March 2nd) 45 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 29th
year 1944 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from Feb 18, 1944 to Feb 29, 1944
that I last saw him alive on Feb 29, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	4 hrs
Due to Angina pectoris	2 wks
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94a
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? (Specify type of place)
While at work? (e) Means of injury 110
23. Signature [illegible] (M. D. or other)
Address Chillicothe Mo Date signed 2/29/44

(Licensed Embalmer's Statement on Reverse Side)

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 James D Gordon

Licensed Embalmer No. 1870

P. O. Address Chillicothe 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.