

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAR 27 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10376

State File No.

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(c) Name of hospital or institution: Ellis Fitchel State Cancer Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days (Specify whether years, months or days)
In this community 16 days

3. (a) PRINT FULL NAME

Hugh F. 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 Sara Anderson 6. (c) Age of husband or wife if alive 27 years (Day) (Year)
7. Birth date of deceased April 27 1889 (Month) (Day) (Year)

8. AGE: Years 54 Months 9 Days 14 If less than one day hr. min.

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

10. Usual occupation Barber

11. Industry or business

12. Name Andrew J. Anderson

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

14. Maiden name Emily Brewer

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

16. (a) Informant PTC Hugh F. Anderson

(b) Address So. Greerfield, Mo.

17. (a) Burial (b) Date thereof 15 44 (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn Cemetery

18. (a) Signature of funeral director W. L. Quinn

(b) Address 629 W. Warrenton, Springfield, Mo.

19. (a) 2-12-44 (b) Edna H. Barber (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jade
(c) City or town So. Greerfield Mo. (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 February day 11 year 1944 hour 7:21 minute ... P.M.

21. I hereby certify that I attended the deceased from January 25 1944, to February 11 1944; that I last saw him alive on February 11 1944; and that death occurred on the date and hour stated above.

Immediate cause of death

hemorrhage and bronchial obstruction

Due to lesion into common carotid, right

Due to infection and necrosis around cancer of larynx

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy pot-in radiation, cancer of larynx, infection, erosion

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

Signature Nathaniel J. Loring (M. D. or other) 4/11/44

Address State Cancer Hosp. Date signed 4/11/44

1250 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 3
District File Number.....
Date Filed 3-22-44

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

C. D. McRae

Licensed Embalmer No. 25791

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.