. No. 2
1—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10377

FILED MAR 27 1944
Registration District No. 3 0

Primary Registration District No. 3006

Registrar's No. 43

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 604 Lyons St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 604 Lyons St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME LEON ANDERSON

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male | 5. Color or race Negro | 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 2 (Month) - 6 (Day) - 1944 (Year)

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

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

10. Usual occupation none

11. Industry or business

MOTHER FATHER
12. Name Martin Anderson
13. Birthplace Boone Co. (City, town, or county) Mo. (State or foreign country)
14. Maiden name Mary Francis Smith
15. Birthplace Columbia (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Martin Anderson
(b) Address Columbia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Galvary Cemetery

18. (a) Signature of funeral director Stuart C. Parker
(b) Address Columbia Missouri

19. (a) 2-22-'44 (Date received local registrar) (b) Edna H. Barlow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 15 year 1944 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from February 6, 1944, to Feb 15, 1944, that I last saw h— alive on Feb 14, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature birth - Born 6th month of gestation	9
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature A.W. Kampschmidt (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number ~~1-44-84~~
Date Filed 3-23-44

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~~ not by ×....., Registered Apprentice No.....
working under my personal supervision.

Signed Steven D. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia Tenn.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.