

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 11 1944

Registration District No. 120

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5444

14626

State File No.

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Rural - Athens
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Lifetime (Specify whether)
In this community Lifetime years, months or days

3. (a) PRINT FULL NAME Mr Benjamin 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 Eda Kathryn Anderson 6. (c) Age of husband or wife if alive 13 years

7. Birth date of deceased Feb. 1869 (Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 27 If less than one day hr. min.

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

10. Usual occupation Retired Trucking

11. Industry or business Trucking Retired

12. Name Anderson

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

14. Maiden name Anderson

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

16. (a) Informant Mrs. Elsie Anderson

(b) Address Dunkirk, Mo

17. (a) Burial (b) Date thereof 4/13/44 (Month) (Day) (Year)

(c) Place: burial or cremation Denton Cemetery

18. (a) Signature of funeral director W. H. Barnes

(b) Address Albany Mo

19. (a) 4-19-1944 (b) James H. Baker (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 38
(c) City or town Albany (If outside city or town limits, write "RURAL") 0

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9 year 1944 hour 1 minute 30 A. M.

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

Immediate cause of death Hemorrhage from leg amputation as result of car accident
Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 170C-8

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) accident

(b) Date of occurrence April 9, 1944

(c) Where did injury occur? 4 miles west Albany Gentry Mo (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 W. H. Barnes (M. D. or other)

Address Albany City, Mo Date signed 4/13/44

1108

(Licensed Embalmer's Statement on Reverse Side)

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

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 me
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed

Robert Brooks

Licensed Embalmer No.

3329

P. O. Address

Albany, N.Y.

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.