

FILED JUN 12 1944

Primary Registration District No. 2054

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pike
 (b) City or town Louisiana
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Pike County Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution one day
 (Specify whether
 In this community Life time
 years, months or days)

3. (a) PRINT

FULL NAME Donald Eugene Anderson

3. (b) If veteran,

name war no

3. (c) Social Security

No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife no 6. (c) Age of husband or wife if alive no years
 7. Birth date of deceased May 15 1943
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 0 0 0 hr. min.

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

10. Usual occupation Child

11. Industry or business Child

12. Name Olof William Anderson

13. Birthplace Ashburn Mo. I
 (City, town, or county) (State or foreign country)

14. Maiden name Ruth Corum

15. Birthplace Clinton Mo. I
 (City, town, or county) (State or foreign country)

16. (a) Informant O. W. Anderson

(b) Address Ashburn Mo.

17. (a) Burial (b) Date thereof May 17, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grassy Creek Cemetery

18. (a) Signature of funeral director James A. Ward

(b) Address Louisiana Mo.

19. (a) 5/16/44 (b) Robert L. Anderson
 (Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Near Ashburn Mo.
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15, 1944
 year _____ hour 2 minute 40 P.M.

21. I hereby certify that I attended the deceased from 5-15-44 19____ to 5-15-44 19____
 that I last saw him alive on May 15, 1944 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute pyogenic Pericarditis 3 days
Empyema of Pericardium
 Due to Complication of measles 1 week
Secondary = Intestinal
 Other conditions: Paralytic Ileus 1 day
 (Include pregnancy within 3 months of death)

Major findings: 35
 Of operations _____
 Of autopsy: Empyema of Pericardium
Intestinal Paralytic Ileus

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 Robert L. Anderson (M. D. or other) M.D.
 Address Louisiana Mo. Date signed 5-15-44

RECEIVED

District Health Officer No. 10

District File Number 6-44-1104

Date Filed JUN 9 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

J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.