

FILED SEP. 14 1944

State File No. _____

Registration District No. 88

Primary Registration District No. 3406

Registrar's No. 187

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: 20 Sunset Lane
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 6 Years
 years, months or days

3. (a) PRINT FULL NAME JOHN WILLIAM CLARICE 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 Nina McCracken Anderson 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 4 - 23 = 1902
 (Month) (Day) (Year)

8. AGE: Years 42 Months 3 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Agricultural Extension Service, University of Missouri

11. Industry or business _____

12. Name John G. Anderson

13. Birthplace Sweden 4
 (City, town, or county) (State or foreign country)

14. Maiden name Anna E. Chrisman

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

16. (a) Informant Mrs. J.W.C. Anderson
 (b) Address 20 Sunset Lane

17. (a) Removal (b) Date thereof 8-5-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buda, Illinois
 18. (a) Signature of funeral director Parson Funeral Service
Columbia, Mo.
 (b) Address _____

19. (a) 8-3-1944 (b) E. D. Barker
 (Date received local registrar) (Registrar's signature)

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. 20 Sunset Lane
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2
 year 1944 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from born after death 8/3/44
 that I last saw him alive on _____ 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death probably coronary thrombosis 2 hrs
after death from
 Due to history of hypertension
 Due to heart

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

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 _____

23. Signature E. D. Barker (M. D. or other) MD
 Address Columbia Mo Date signed 8/3/44

1790 (Licensed Embalmer's Statement on Reverse Side)

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

10
2
4

FEB 6 1948

APR 6 1949

OCT 26 1944

OCT 27 1944

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 9-13-44

OCT 27 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 M. S. Whitfield

Licensed Embalmer No. 3893

P. O. Address Columbia, 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.