

FILED OCT 5 1944
 DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 1061 9 150 03711
 324

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

31870

State File No.

Registration District No. 324

Primary Registration District No. 324 3072

Registrar's No. 167

1. PLACE OF DEATH:
 (a) County Saline
 (b) City or town Marshall
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
545 East Arrow
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 40 Years
 In this community 40 Years
 years, months or days

3. (a) PRINT FULL NAME James Anderson
 3. (b) If veteran, name war —
 3. (c) Social Security No. None

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Agnes Foley Anderson
 6. (c) Age of husband or wife if alive 30th years
 7. Birth date of deceased May 30th, 1862
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 3 23 hr. min.

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

10. Usual occupation Tailor

11. Industry or business —

12. Name William Anderson
 13. Birthplace Scotland
 (City, town, or county) (State or foreign country)
 14. Maiden name Ann Ross
 15. Birthplace Scotland
 (City, town, or county) (State or foreign country)

16. (a) Informant Marshall Mo
 (b) Address Marshall Mo

17. (a) Burial (b) Date thereof Sept. 25, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park cemetery

18. (a) Signature of funeral director Campbell-Ross
 (b) Address Marshall, Mo.

19. (a) 9-25-44 (b) Thos T. Q. Westbrook
 (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23rd
 year 1944 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept. 22nd to Sept. 23rd, 1944.

that I last saw him alive on Sept. 22nd and that death occurred on the date and ascertained above.

Immediate cause of death Senility + Cardiac atrophy + Emphysema

Due to —

Due to —

Other conditions (Include pregnancy within 5 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

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 L. E. Bunter (M. D. or other)

Address Powers Bldg. Marshall, Mo. Date signed 9-25-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No: 8,

District File Number

10-3-44

OCT 5 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

working under my personal supervision.

Signed

W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address *Marshall 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.