

FILED DEC 13 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39012

State File No.

Registrar's No.

Registration District No. 351

Primary Registration District No. 4516

27

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Jasper, Mo.  
(c) Name of hospital or institution:  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether

In this community yes  
years, months or days

3. (a) PRINT FULL NAME FRANCIS ADELLA ANDERSON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harry Anderson 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased sep 7 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>2</u>	<u>3</u>	hr. _____ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Charles W. Wood

13. Birthplace Canada (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name Anderson

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

16. (a) Informant Harry Anderson

(b) Address Jasper, Mo.

17. (a) buried (b) Date thereof Nov 14 - 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director J. McEllis

(b) Address Forest Hill, Mo.

19. (a) 11/14/44 (b) Jasper, Mo.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jasper  
(c) City or town Jasper, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10<sup>th</sup>  
year 1944 hour 8 minute 0 P.M.

21. I hereby certify that I attended the deceased from June 1, 44  
1944 to Nov 10, 44 1944

that I last saw him alive on Nov 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Nephritis Duration 3 yrs

Due to 20%  
Due to \_\_\_\_\_

Other conditions arteriosclerosis  
(Include presence within 2 months of death)

Major findings atherosclerosis

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 J. McEllis (M.D. or other) \_\_\_\_\_  
Address Jasper, Mo. Date signed 11/14/44

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6;

District File Number 1244-1330

Date Filed DEC 12 1944

FEB 1 1945

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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

*Lawrence L. Hall*

Licensed Embalmer No. 2784

P. O. Address Wainwright

**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.**