

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED APR 15 1945
Registration District No. 50

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9312
Registrar's No. 8

Primary Registration District No. 5176

1. PLACE OF DEATH:

(a) County Camden (b) City or town Montreal (c) Name of hospital or institution: Farm Home 6 mi East Camden
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 70 years
In this community 70 years
years, months or days

3. (a) PRINT FULL NAME Charles Anderson

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
7. Birth date of deceased Dec 15 1854
(Month) (Day) (Year)

8. AGE: Years 90 Months 2 Days 23 If less than one day hr. min.

9. Birthplace Gottenborg Sweden
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business None

12. Name Karl Anderson

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

14. Maiden name Sweden

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

16. (a) Informant Theodore Anderson

(b) Address Montreal RR # 1

17. (a) burial (b) Date thereof Mar 11-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Camp Ground

18. (a) Signature of funeral director Camden, Mo

(b) Address Camden, Mo

19. (a) Mar 10-45 (b) Edith Nelson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden
(c) City or town Montreal
(If outside city or town limits, write "RURAL")
(d) Street No. RR # 1
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Sweden

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 9
year 1945 hour 4 minute 30 P M.

21. I hereby certify that I attended the deceased from March 1944 to March 9-1945
that I last saw him alive on March 9
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Coronary Duration 44

Due to None

Due to None

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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) None

(b) Date of occurrence None

(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?

(Specify type of place) While at work? (e) Means of injury None

23. Signature E. C. Laebach (M.D. or other)

Address Camden, Mo Date signed 3-10-45

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

RECEIVED

D

Officer No. 7

License

3-42-341

Date Filed

4-11-45

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

Robt. Bankson Woolery

Licensed Embalmer No.

2488

P. O. Address

Camden, N. J.

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.