. No. 2
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5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 4 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17844

Registration District No. 280 — Primary Registration District No. 4419 — Registrar's No. 12

1. PLACE OF DEATH:
(a) County: Platte
(b) City or town: Dearborn Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none — In this community: 39 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 83
(a) State: Missouri (b) County: Platte
(c) City or town: Dearborn Missouri (If outside city or town limits, write "RURAL")
(d) Street No.: (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Charles Raymond Anderson
3. (b) If veteran, name war: none
3. (c) Social Security No. 500-07-1952
4. Sex: Male
5. Color or race: white
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Rosalin Anderson wife
6. (c) Age of husband or wife if alive: 31 years
7. Birth date of deceased: Feby (Month) 14 (Day) 1906 (Year)

8. AGE:

Years	Months	Days	If less than one day
39	2	20	hr. min.

9. Birthplace: Dearborn Platte Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business:
FATHER 12. Name: Willian Anderson
13. Birthplace: Platte Co. (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name: Abbie Sinkhorn
15. Birthplace: Platte Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Rosalin Anderson
(b) Address: Dearborn Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/6/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Camden Point Cem.
18. (a) Signature of funeral director: [illegible]
(b) Address: Dearborn Missouri
19. (a) 5-7-45 (Date received local registrar) (b) Mrs Clay Giffee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th year 1945 hour 3 minute 30 A M.
21. I hereby certify that I attended the deceased from May 4, 1945, to May 4, 1945, that I last saw him alive on May 4, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis — Duration: 1/2 day

Due to: Accident: Covered by 10 feet of dirt — May 3 1945
Due to:

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

Major findings:
Of operations:
Of autopsy:

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

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident
(b) Date of occurrence: May 3, 1945
(c) Where did injury occur? On highway, Mo County (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place - highway (Specify type of place)
While at work? Yes (e) Means of injury: Covered by dirt
23. Signature: M. H. Moore (M. D. or other)
Address: Dearborn Mo — Date signed: 5/4/45

1204 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. Platte Co. Health
District File Number 6-45-45
Date Filed 6-2-45

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 Lucian Davis

Licensed Embalmer No. 4160

P. O. Address: Deaton 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.

S. No. 2B
M—3-45
I X43880

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. June

Registration District No. 280 Primary Registration District No. 4419 Registrar's No. 62

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

SUPPLEMENTARY

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

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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

3. (a) PRINT FULL NAME Charles R. Anderson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 14 1906 (Month) (Day) (Year)
8. AGE: Years 39 Months 2 Days 20 If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1945 hour 3 minute 30 P.M.
21. I hereby certify that I attended the deceased from May 4, 1945, to May 4, 1945; that I last saw h.. alive on May 4, 1945, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Myocarditis

Due to Being covered up by falling dirt

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Due to while working on State Highway in Platte Co near Parkville Mo

Other conditions (Include pregnancy within 3 months of death) Shoulders side and Chest hurt

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

Major findings:
Of operations None
Of autopsy No

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence May 4 1945
(c) Where did injury occur? On public highway (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Dirt cave from side of road (Specify type of place)
While at work? Yes (e) Means of injury Mashed

23. Signature M H Moon (M.D. or other)
Address Dearborn Mo Date signed June 30 1945

17844