

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31150**
Registrar's No. **254**

Registration District No. **274** Primary Registration District No. **5935**

1. PLACE OF DEATH:
(a) County **Pettis**
(b) City or town **Sedalia** **RURAL**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **R.F.D. #2, 1500 S. QUINCY**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)
In this community **15 YEARS**
years, months or days

3. (a) PRINT FULL NAME **WILLIAM J. ANDERSON**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **491-07-6426**
4. Sex **MALE** (1) 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **BLANCHE** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **4 - 4 - 1890**
(Month) (Day) (Year)

8. AGE: Years **55** Months **5** Days **14** If less than one day
hr. _____ min.

9. Birthplace **SYRACUSE** **Mo** (1)
(City, town, or county) (State or foreign country)

10. Usual occupation **FIREMAN**

11. Industry or business **SEDALIA WATER CO.**

12. Name **CHARLES ANDERSON**

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

14. Maiden name **JANE WOOLERY**

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

16. (a) Informant **MRS. W. J. ANDERSON**

(b) Address **SEDALIA, MO.**

17. (a) **BURIAL** (b) Date thereof **9-20-1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MEMORIAL PARK CEMETERY**

18. (a) Signature of funeral director **Gillispie**

(b) Address **SEDALIA, MO.**

19. (a) **9/20/45** (b) **A. J. Campbell**
(Date received local registrar) (Registrar's signature)

1486 Deputy Betty Henger

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Pettis** **80**
(c) City or town **Sedalia** **6**
(If outside city or town limits, write "RURAL")
(d) Street No. **1500 S. QUINCY** **4**
(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 **18**
year **1945** hour **5** minute **A** M.
21. I hereby certify that I attended the deceased from **9/18/1945** to **1945**
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.
Immediate cause of death **blockage of the Heart** **6 yrs.**
Duration

Due to **Rheumatic Heart Disease**

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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) _____

(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 **Alfred L. Holder** **Coroner** (M.D. or other) **D.O.**

Address **229 E. 1st St. Bldg.** Date signed **9/18/45**

Address _____

Signature on Reverse Side **Sedalia, Mo.**

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

OCT 8 1947

10060-10-76

OCT 10 1946

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 *Shane Ewing*

Licensed Embalmer No. *3877*

P. O. Address *Indah*

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.