

FILED DEC 7 1945

42

STANDARD CERTIFICATE OF DEATH

State File No. 36616

Registration District No.

Primary Registration District No.

1000

Registrar's No. 1282

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: about 22nd and Commercial
(d) Length of stay: In hospital or institution 4 months
In this community 4 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 1502 South 11th
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Ralph William Anderson

3. (b) If veteran, name war none
3. (c) Social Security No. 720-12-750

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mattie E. Anderson
6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased June 18 1897

8. AGE: Years 43 Months 5 Days 12 If less than one day hr. min.

9. Birthplace Barry County Missouri

10. Usual occupation truck driver

11. Industry or business Land Construction Co.

12. Name John L. Anderson

13. Birthplace unknown unknown

14. Maiden name Josie Berryhill

15. Birthplace unknown unknown

16. (a) Informant Mrs. Ralph W. Anderson

(b) Address 1502 So. 11th

17. (a) removal (b) Date thereof 12/2/45

(c) Place: burial or cremation Groves, Okla.

18. (a) Signature of funeral director

(b) Address 319 South 10th

19. (a) Date received local registrar Dec 5 1945 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30 year 1945 hour 8 minute 45 A. M.

21. I hereby certify that I attended the deceased from Nov 30th 1945 to 1945

that I last saw him alive on 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Injuries received his truck was struck by Train

Due to

Due to

Other conditions none

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Nov, 30th 1945

(c) Where did injury occur? St Joseph, Buch, Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place

While at work? yes (Specify type of place) Train

23. Signature B.W. Tackolk Coroner

Address King Hill Bldg. Date signed 12/2/45

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Mr. B. W. Jackson

JUL 25 1946

APR 1 1946

DEC 19 1945

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 *Frank A. Bennett*

Licensed Embalmer No. 1710

P. O. Address St. Joseph 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.