S. No. 2
—9-4-41
5-17-39
PI X29484

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

FILED MAR 15 1946

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6499

Registration District No. 218 Primary Registration District No. 5788 Registrar's No. ~~27~~ 70

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Deventer, Miss. Twp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: residence-2 miles So. Deventer 1 (If not in hospital or institution, write street number or location)

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

In this community 8 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi 67

(c) City or town Deventer (If outside city or town limits, write "RURAL")

(d) Street No. RFD 2 mi South (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Nathan Anderson

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

4. Sex Male 2 5. Color or race Color 6. (a) Single, widowed, married, divorced 2 Widowed

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

7. Birth date of deceased November 31 1887 (Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace Como (City, town, or county) Mississippi 1 (State or foreign country)

10. Usual occupation Farming

11. Industry or business Same

FATHER
12. Name No record
13. Birthplace No record (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name No record
15. Birthplace No record (City, town, or county) 9 (State or foreign country)

16. (a) Informant Freddie Brooks

(b) Address 3919 Evans St., St. Louis, 13, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/1/1946 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove-Charleston Mo

18. (a) Signature of funeral director John P. Nunnelee Jr.

(b) Address Charleston, Mo

19. (a) 3-8-46 (Date received local registrar) (b) Gertrude G. Harper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1946 hour 3 minute A M.

21. I hereby certify that I attended the deceased from Dec 23, 1945, to Feb 26, 1946 that I last saw him alive on Feb 25, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	2 wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Myocardial degeneration	2 mo

Major findings:
Of operations .....
Of autopsy .....

107

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) .....

(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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 2

23. Signature T. P. Fenton D.D. (M.D. or other)

Address Wyatt, Mo. Date signed 2/27/46

197

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 346-386
Date Filed 3/13/46

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 Edward E. Nunnelee

Licensed Embalmer No. 4164

P. O. Address Charleston, 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.