

FILED MAR 13 1946
334

Registration District No. 334

Primary Registration District No. 3072

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
465 West Morgan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 Years
(Specify whether years, months or days)
In this community 20 Years

3. (a) PRINT FULL NAME James B. Anderson

3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-18-1734

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice May Anderson 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased July 12th, 1882
(Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 19 If less than one day hr. _____ min. _____

9. Birthplace Camden county Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Internal Shoe Co.

11. Industry or business Internal Shoe Co.
12. Name Charles Lee Anderson
13. Birthplace Cooper county, 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 Mr. James B. Anderson
(b) Address 465 West Morgan - Marshall Mo.
17. (a) Burial (b) Date thereof Feb. 3, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Memorial Gardens
18. (a) Signature of funeral director Charles Lee Anderson
(b) Address Marshall, Mo.
19. (a) 2-6-46 (b) Mrs. T. Owenschook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 465 West Morgan
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3 year 46 hour 10 minute 46 M.
21. I hereby certify that I attended the deceased from 46 to 46 and that I last saw him alive on Jan 26 and that death occurred on the date and hour stated above.
Immediate cause of death Angina Pectoris
Duration _____

Due to Angina Pectoris
Due to Not Seen
Other conditions Jan 26 '46
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy 9-46

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) (e) Means of injury _____

23. Signature W. H. H. H. (M. D. or other) _____
Address Marshall, Mo. Date signed 2/9/46

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-12-46

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 _____

Licensed Embalmer No. 3469

P. O. Address Marshall, Md

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.