

FILED APR 11 1946  
Registration District No. 268

Primary Registration District No. 5906

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Genius  
(b) City or town Rural Wardell Sup  
(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 \_\_\_\_\_ 4 years  
years, months or days

3. (a) PRINT FULL NAME Jeff Anderson

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mariah Anderson 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year)

8. AGE: Years about 65 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Don't know (City, town, or county) (State or foreign country)

10. Usual occupation Farm Hand

11. Industry or business \_\_\_\_\_

12. Name Don't know

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Tom Lewis

(b) Address Wardell Mo Box 181

17. (a) Burial (b) Date thereof 3-4-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wardell Mo

18. (a) Signature of funeral director Stacy  
(b) Address Mo Box 121

19. (a) 3-16-1946 (b) Mrs. M. G. Graham  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Genius  
(c) City or town Wardell Rural  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th  
year 1946 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from on March 7, 1946 to \_\_\_\_\_ 19\_\_\_\_  
that I last saw him alive on March 7 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure  
Due to Hypertension

Due to \_\_\_\_\_  
Other conditions Renal edema due to renal insufficiency  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy 133

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 J. Masters M.D. (a) \_\_\_\_\_  
Address Wardell Mo Date signed 3-15-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1000

42-4

3-46-77

*William Stone  
Carey Anderson -  
P. O. 1112*

---

---

**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 *John W. German*

Licensed Embalmer No. *4355*

P. O. Address *Steele, 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.**