

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14034

FILED MAY 16 1946

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 144

1. PLACE OF DEATH:

(a) County. PETTIS  
(b) City or town. SEDALIA  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1207 So. SNEED  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community LIFE  
years, months or days)

3. (a) PRINT FULL NAME GEO. MIDDLETON ANDERSON

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security  
No. 702-16-1915

4. Sex MALE  
5. Color or  
race WHITE

6. (a) Single, widowed, married,  
divorced MAR.

6. (b) Name of husband or wife  
HANNAH

6. (c) Age of husband or wife if  
alive 45 years

7. Birth date of deceased. 11  
(Month)

29  
(Day)

1901  
(Year)

8. AGE: Years 44 Months 5 Days —  
If less than one day  
hr. min.

9. Birthplace. SEDALIA Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation. CARMAN

11. Industry or business MO. PAC. R.R. SHOP

12. Name GEO. W. ANDERSON

13. Birthplace. LONGWOOD Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name. MARY M. CREW

15. Birthplace. NELSON Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. C. M. ANDERSON

(b) Address SEDALIA, MO.

17. (a) BURIAL (b) Date thereof 5-1-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL

18. (a) Signature of funeral director Geo. Dickland

(b) Address Sedalia

19. (a) 4/30/46 (b) Betty Yeager  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County PETTIS  
(c) City or town SEDALIA  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1207 So. SNEED  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 29  
year 1946 hour 7 minute 9 M.

21. I hereby certify that I attended the deceased from as coroner  
4/29/ 1946, to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Gunsat wound in Left Breast

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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

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

(b) Date of occurrence 4/29/46

(c) Where did injury occur? Sedalia Pettis Mo.  
(City or town) (County) (State)

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

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury shot gun

23. Signature Dr. H. L. Holden (M.D. or other) Dr.

Address 229 E. Bldg. Sedalia, Mo. Date signed 4/30/46

MAY 20 1946

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-14-46

MAY 21 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 L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Jedalia, 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.