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5-17-39  
X37823

**FILED** JUN 14 1946

Registration District No. ....

Primary Registration District No. 3000

Registrar's No. 151

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Wicksville, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Private Home # 2 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 30 days  
(Specify whether)

In this community about 30 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shrewsbury

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

(d) Street No. Hammond Missouri  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME John Anders

3. (b) If veteran name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28  
year 1946 hour 11 minute 04 P.M.

21. I hereby certify that I attended the deceased from April  
1 1946 to April 28 1946  
that I last saw him alive on April 28 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death uremia

Duration

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Sandra Anders

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Jan. 28 1885  
(Month) (Day) (Year)

Due to urethral obstruction

Due to carcinoma of prostate

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations H/K

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years 81 Months 3 Days 0  
If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name John William Anders

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

14. Maiden name Catherine Kane

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

16. (a) Informant Mrs. Ethel M. Goldrick

(b) Address Lancaster, Mo.

17. (a) Burial (b) Date thereof Apr. 30 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Grove Cemetery

18. (a) Signature of funeral director Thurcell Denton

(b) Address Lancaster, Mo.

19. (a) 5-21-46 (b) Kate Lambert  
(Date received local registrar) (Registrar's signature)

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

23. Signature Claus A. Rohwedder M.D. or other  
Address Wicksville, Missouri signed 7-30-46

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

3  
3  
14444

RECEIVED  
District Health Officer No. 10  
District File Number 6-46-1199  
Date Filed JUN 13 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 W. C. Summer  
Licensed Embalmer No. 2159  
P. O. Address Arkville 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.**