

Registration District No. 323

Primary Registration District No. 6097

Registrar's No. 38

1. PLACE OF DEATH:
(a) County Schuyler
(b) City or town Donning Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independent
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 yrs. years, months or days

3. (a) PRINT FULL NAME Eddie Henry Anderson
3. (b) If veteran, name war _____ 3. (c) Social Security No. 1

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 4 years
7. Birth date of deceased July 13 1902 (Month) (Day) (Year)

8. AGE: Years 43 Months 10 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name J. D. Anderson
13. Birthplace Schuyler Co. Mo. (City, town or county) (State or foreign country)
14. Maiden name Eddie
15. Birthplace Schuyler Mo. (City, town or county) (State or foreign country)

16. (a) Informant Angie Taylor
(b) Address Donning Mo.

17. (a) Burial (b) Date thereof June 6 - 1946 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Donning

18. (a) Signature of funeral director Lloyd Moore
(b) Address Donning Mo.

19. (a) 6/7/46 (b) Ans. H. Drake (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Schuyler
(c) City or town Donning Rural (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month uncertain day _____ year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, 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 Cerebral Hemorrhage
was fatal death from all
indications had been dead
Due to since 6-3-46

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy 8-70

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)
(c) Means of injury 2

23. Signature C. W. Anderson (M.D. or other)
Address Donning Schuyler Co. Date signed 6-5-46

RECEIVED

District Health Officer No. 10

District File Number 7-46-1293

Date Filed JUL 5 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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Lloyd Moore

Licensed Embalmer No. 3151

P. O. Address.....

Downing 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.