

FILED AUG. 8 1948

Registration District No. 282

Primary Registration District No. 5812

Registrar's No.

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Bellflower (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Forty Years
years, months or days

3. (a) PRINT FULL NAME Charles Edward Anderson

3. (b) If veteran, name war None 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 Bessie B. Anderson. 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased 3 1 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 4 4 hr. min.

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

10. Usual occupation Farmer

11. Industry or business General Duties

12. Name Clack Anderson

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

14. Maiden name Unknown

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

16. (a) Informant Bessie B Anderson.

(b) Address Bellflower Mo.

17. (a) Burial (b) Date thereof 7-9-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City Mo.

18. (a) Signature of funeral director Olank A Jones

(b) Address Bellflower Mo.

19. (a) July 8, 1948 (b) Joe Chapman
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 7-1-46, 19____, to 7-5-46, 19____;
that I last saw him alive on 7-5-46, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocardio degeneration Duration 1 wk.

Due to Chronic Interstitial nephritis 10 yr

Due to Chronic arterio-sclerosis 10 yr

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 statistically.

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 2

23. Signature Chas. A. Lusk (M.D. or other) O.

Address Montgomery City, Mo. Date signed 7-8-46

RECEIVED
District Health Officer No. 9,
District File Number 8-46-94
Date Filed 8-7-46

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

Signed

Clarence Jones

Licensed Embalmer No.

2978

P. O. Address

Bellflower 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.