

S. No. 2  
1-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25932**

**FILED AUG 1 1946**

Registration District No. **325**

Primary Registration District No. **4478**

Registrar's No. **44**

1. PLACE OF DEATH:

(a) County **Douglas**  
(b) City or town **Lancaster, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Lancaster, Mo.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1** (Specify whether  
In this community **1** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Douglas**  
(c) City or town **Lancaster, Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

**John Odell Anderson**

3. (b) If veteran, name war **✓**

3. (c) Social Security No. **✓**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **5**  
year **1946** hour **4** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Nov 14**, 19**43** to **June 30**, 19**46**;  
that I last saw him alive on **June 30, 1946**, and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial degeneration**

Duration

Due to **arterio-sclerosis**  
Due to **senility**

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?

While at work? (Specify type of place) (Specify means of injury)

23. Signature **R.E. Vaughn** (M. D. or other) **D.O.**  
Address **Lancaster, Mo.** Date signed **July 5, 1946**

4. Sex **male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Ella Anderson** 6. (c) Age of husband or wife if alive **73** years  
7. Birth date of deceased **July 21 1869**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **11** Days **14** If less than one day hr. min.

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

10. Usual occupation **Retired**

11. Industry or business

12. Name **Alexander Anderson**

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

14. Maiden name **Rosa Lewis**

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

16. (a) Informant **Ella Anderson**

(b) Address **Lancaster, Mo.**

17. (a) **Burial** (b) Date thereof **7 7 46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greencastle Cemetery**

18. (a) Signature of funeral director **Archie Benton**

(b) Address **Lancaster, Mo.**

19. (a) **July 18<sup>th</sup>** (b) **W. O. J. Drake**  
(Date received local registrar) (Registrar's signature)

353

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 10  
Date Recd. No. 7-26-1946  
JUL 30 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 \_\_\_\_\_

Burcell Fenton, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Burcell Fenton

Licensed Embalmer No. 3705

P. O. Address LANCASTER, 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.