

FILED SEP 10 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 174

Primary Registration District No. 8035

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Lexington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution South 8th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Lifetime
(Specify whether
In this community Lifetime
years, months or days)

3. (a) PRINT
FULL NAME

Abraham Anderson

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married,
divorced widowed
6. (b) Name of husband or wife 6. (c) Age of husband or wife if
alive years

7. Birth date of deceased September 17 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 21 If less than one day
hr. min.

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

10. Usual occupation Prisoner

11. Industry or business Prisoner

12. Name Joe Anderson

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

14. Maiden name Anderson

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

16. (a) Informant Mr. Lawrence Pinky

(b) Address Lexington, Mo.

17. (a) Funeral (b) Date thereof Aug 6, 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington Mo.

18. (a) Signature of funeral director W. J. Sine

(b) Address Lexington, Mo.

19. (a) 22 August 1946 (b) W. J. Sine
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Lexington
(If outside city or town limits, write "RURAL")
(d) Street No. South 8th St.
(If rural, give location)
(e) Citizen of foreign country? No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August Day 30
Year 1946 Hour 1:50 minute 18 M.

21. I hereby certify that I attended the deceased from July 18
1946 to July 31, 1946
that I last saw him alive on July 31, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary
Edema, with acute
myocardial degeneration

Due to Coronary & Emphysema
with Paralysis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?

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

(City or town) (County) (State)

(a) Signature W. J. Sine (b) Means of injury 21
(M. D. or other)

Address Lexington Mo Date signed Aug 12

Re
District

District File

Date Filed 7-7-46

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

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

Signed

Licensed Embalmer No. 4220

P.O. Address Levinston MA

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.