

FILED NOV 1 1946

State File No.

Registrar's No. 172

Registration District No. 25

Primary Registration District No. 4036

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Rich Hill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9th & Chestnut St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

3. (a) PRINT FULL NAME JAMES HARRIS ANDERSON

3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah Jane 6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased May 29 1858
(Month) (Day) (Year)

8. AGE: Years 88 Months 4 Days 26 If less than one day hr. min.

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

10. Usual occupation Merchant

11. Industry or business

12. Name Unknown 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown 9
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Bush Anderson

(b) Address Rich Hill, Mo

17. (a) Burial (b) Date thereof Oct 29 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Bush

(b) Address Rich Hill, Mo

19. (a) Oct 28 1946 (b) Miss Adna Long
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates
(c) City or town Rich Hill 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25
year 1946 hour 12 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan 23 to Oct 25 1946
that I last saw him alive on Oct 25 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Myocarditis
Chronic Nephritis
Duration

Due to Chronic Myocarditis

Due to Chronic Nephritis

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) Means of injury

23. Signature Chas. J. Coleman (M. D. or other)

Address Rich Hill, Mo Date signed Oct 26 1946

RECEIVED
District Health Officer No. 7
10-29-77
6-16-2009

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.....

Harold M. Douglass....., Registered Apprentice No. *410*
working under my personal supervision.

Signed.....*John Glendon*.....

Licensed Embalmer No. *3585*

P. O. Address.....*Butler 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.