

FILED NOV 14 1946

Registration District No. **790**

Primary Registration District No. **5714**

Registrar's No. **17**

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

1. PLACE OF DEATH:

(a) County Mo. Douglas
(b) City or town Mt. Pleasant
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None **3**
(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) None **1 mo.**

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jay **106**
(c) City or town Proctor - Rural **0**
(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 Jeff Thomas Anderson

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Mary J. Anderson 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec 25 1863
(Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 27 If less than one day hr. min.

9. Birthplace Boone Co. Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Same

12. Name Hugh Jefferson **7**

13. Birthplace Unknown **7**
(City, town, or county) (State or foreign country)

14. Maiden name Unknown **9**

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

16. (a) Informant Ansie Mathews

(b) Address Mo.

17. (a) Burial (b) Date thereof 9-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Proctor, Mo.

18. (a) Signature of funeral director T. M. Humphrey

(b) Address Proctor, Mo.

19. (a) Nov. 6, 46 (b) Pearl R. Stamber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22nd year 1946 hour 6 minute 20 P.M.

21. I hereby certify that I attended the deceased from Aug 22 1946 to Sept 22 1946
that I last saw him alive on Sept 22 1946
and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion
Due to chronic myocarditis 2 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 930
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) (e) Means of injury L

23. Signature J.P. Fountain (M.D. or other) MD
Address Proctor Mo Date signed 9/22/46

RECEIVED

District Health Officer No. 6

District File Number 1146-1125

Date Filed NOV 12 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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed Mayne E. Humphrey

Licensed Embalmer No. 4262

P. O. Address Princeton, 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.