

FILED JAN 23, 1947

Registration District No.

Primary Registration District No.

4026

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Purdy  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
(Specify whether years, months or days)  
In this community over 60 years

3. (a) PRINT FULL NAME Charlie 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 Widowed  
(b) Name of husband or wife Ida Maxwell Anderson 6. (c) Age of husband or wife if alive Deceased  
7. Birth date of deceased April 5, 1869  
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 14 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business none

MOTHER FATHER { 12. Name Anderson 4  
13. Birthplace Sweden 4  
(City, town, or county) (State or foreign country)  
14. Maiden name not known 4  
15. Birthplace Sweden 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ray Moore  
(b) Address Purdy Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21, 1947  
(Month) (Day) (Year)  
(c) Place: burial or cremation King's Prairie Cemetery

18. (a) Signature of funeral director Callaways  
(b) Address Monett Mo.

19. (a) 1-20-47 (Date received local registrar) (b) W. M. West (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry  
(c) City or town Purdy  
(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 none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19  
year 1947 hour 4 minute 15 A. M.

21. I hereby certify that I attended the deceased from July 2, 1932 to Jan 18, 1947  
that I last saw him live on Jan 18, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Prostration with complete retention

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

5 yrs

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) (c) Means of injury 2

23. Signature J. S. Baldwin (M. D. or other)  
Address Purdy Mo. Date signed 1-20-47

RECEIVED

District Health Officer No. 6;

District File Number 147-142

Date Filed JAN 22 1947

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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. 3179

P. O. Address Gilbert Ave

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.