

S. No. 2
M-5-43
5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5656

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Demarcat
(b) City or town Caruthersville, Mo.
(c) Name of hospital or institution: 1
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether

In this community years, months or days)

3. (a) PRINT FULL NAME Joe Anderson

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

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

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

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day about 67 hr. min.

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

10. Usual occupation Labor

11. Industry or business

12. Name unknown 9

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

14. Maiden name

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

16. (a) Informant Friedrich

(b) Address Caruthersville

17. (a) Burial (b) Date thereof 2-18-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Morgan Ridge Cemetery

18. (a) Signature of funeral director La Forge and Co.

(b) Address Caruthersville, Mo.

19. (a) 2-21-47 (Date received local registrar) (b) Drew B. Helms (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Demarcat 79

(c) City or town Caruthersville 1

(d) Street No. East 9th St. 2 (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17 year 1947 hour 4 minute A M.

21. I hereby certify that I attended the deceased from June 5, 1946 to Feb. 17 1947 that I last saw him alive on Jan. 29, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary sclerosis

Due to

Due to

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) (e) Means of injury

23. Signature J. W. Phlips (M. D. or other)

Address Caruthersville, Mo. Date signed 2-20-47

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(Licensed Embalmer's Statement on Reverse Side)

2-47-57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....

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

Signed..... *Noel C. Dean*

Licensed Embalmer No..... *3941*

P. O. Address..... *Caruthersville*

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.