

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10271

Registration District No. 274

Primary Registration District No. 5936

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Smithton Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6 miles South
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 86 years
(Specify whether years, months or days)
In this community 86 years

3. (a) PRINT FULL NAME Royal P Anderson

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

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Deceased
6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased NOV 26 - 1857
(Month) (Day) (Year)

8. AGE: Years 89 Months 3 Days 7
If less than one day hr. min.

9. Birthplace Perry Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business

12. Name Isaac Anderson
13. Birthplace State of Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Mary Hodge
15. Birthplace Do not know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs H. J. Billings
(b) Address Smithton MO

17. (a) Burial (b) Date thereof 3-5-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flat Creek Smithton MO

18. (a) Signature of funeral director A. F. Neumeyer
(b) Address Smithton MO

19. (a) 3-7-47 (b) Betty Yeager
(Date received local registrar) (Deputy Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Perry
(c) City or town Smithton Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 6 miles South
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1947 hour 5 minute 10 A.M.

21. I hereby certify that I attended the deceased from 25 to March 3 1947
that I last saw him alive on March 1 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Senility
Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 97

Of autopsy

22. If death was due to external causes, fill in the following:

(c) 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 A. W. Walter (M. D. or other) MD
Address Sedalia MO Date signed 3-4-47

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-29-17

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:

A. F. Neumeyer

Licensed Embalmer No. 3912

P. O. Address Smithton 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.