. S. No. 2
0M—2-43
ev. 5-17-39
I. X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 7 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12093

Registration District No. 3-27 Primary Registration District No. 6111 Registrar's No.

1. PLACE OF DEATH:
(a) County SCOTT
(b) City or town BENTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community LIFE TIME years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County SCOTT
(c) City or town BENTON
(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 NORVEL F. ANDERSON
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JAN. (Month) 22 (Day) 1875 (Year)

8. AGE: Years 72 Months 2 Days 4 If less than one day hr. min.

9. Birthplace COMMERCE (City, town, or county) Mo (State or foreign country)
10. Usual occupation SALESMAN
11. Industry or business COTTON OIL CO
FATHER
12. Name BEN F. ANDERSON
13. Birthplace COMMERCE (City, town or county) Mo (State or foreign country)
MOTHER
14. Maiden name ELLEN WYLIE
15. Birthplace KELSO. (City, town, or county) Mo (State or foreign country)
16. (a) Informant MRS. FANNIE STUBBLEFIELD
(b) Address CAPE GIRARDEAU. MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation COMMERCE MO.
18. (a) Signature of funeral director Walthus Und. Co
(b) Address Cape Girardeau Mo
19. (a) 3-28 47 (Date received local registrar) (b) Mrs Addie Held (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 26th year 1947 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from February 14, 1947, to March 26, 1947; that I last saw him alive on March 26, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Decompensation	
Cardiac Asthma	
Due to Cardiac Hypertrophy and Dilatation	
Due to Senile arteriosclerosis	
Other conditions. Pulmonary tuberculosis - (?) (Include pregnancy within 3 months of death)	

Major findings:
Of operations (?)
Of autopsy No

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 M. P. Brogan (M. D. or other) DO.
Address Benton, Missouri Date signed 3-27-47

297 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 442-427
Date Filed 4-3-47

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 Virgil H. Welch

Licensed Embalmer No. 402

P. O. Address Cape Girardeau 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.