

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12764

State File No.

FILED APR 21 1947

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County... **Cass**
(b) City or town... **Drexel Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Coldwater Twp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution...
In this community... **17 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Frank Anderson**

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

4. Sex **male** 0 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Henrietta Anderson** 6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **January 1 1874**
(Month) (Day) (Year)

8. AGE: Years **73** Months **3** Days **9** If less than one day hr. min.

9. Birthplace **Keokuk Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **retired farmer**

11. Industry or business

12. Name **Henry Anderson**
13. Birthplace **Penn.**
(City, town, or county) (State or foreign country)
14. Maiden name **Elmira Smith**
(City, town, or county) (State or foreign country)
15. Birthplace **Penn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Henrietta Anderson**
(b) Address **Drexel Missouri**

17. (a) **Burial** (b) Date thereof **4/12/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sharon Cemetery**

18. (a) Signature of funeral director **Butler Missouri**
(b) Address **Butler Missouri**

19. (a) **Apr 12-47** (b) **Laura J. Jones**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cass**
(c) City or town **Drexel Coldwater Twp.**
(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...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **10**
year **1947** hour **5** minute **30 pm**

21. I hereby certify that I attended the deceased from **April 2 1947** to **April 10 1947**
that I last saw him alive on **April 10 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** Duration **8 days**

Due to...
Due to...

Other conditions **Chronic Myocardiosis**
(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 **Basal of Asthma m d**
23. Signature **Drexel Mo** (M. D. or other)
Address **Drexel Mo** Date signed **4/12/47**

APR 28 1967

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.....

James H. Reek, Registered Apprentice No. 471,
working under my personal supervision.

Signed

John Henderson

Licensed Embalmer No. 3585

P. O. Address Butler Missouri

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.