

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1947

Registration District No. 174

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5644

State File No. 21495

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Luxington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7 mi S.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 70 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME AUGUST ANDERSON

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ida Bloom 6. (c) Age of husband or wife if alive 8 years
7. Birth date of deceased Dec 1858
(Month) (Day) (Year)

8. AGE: Years 88 Months 2 Days 3 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Gabriel Anderson
13. Birthplace Suedent
(City, town, or county) (State or foreign country)
14. Maiden name Christine Lundberg
15. Birthplace Suedent
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar Anderson
(b) Address Luxington Mo

17. (a) Burial (b) Date thereof 2-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Luxington Mo

18. (a) Signature of funeral director J. J. Smith

(b) Address Luxington Mo

19. (a) 10-2-47 (b) James E. Smith
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette
(c) City or town Luxington
(If outside city or town limits, write "RURAL")
(d) Street No. 7 mi S.
(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 11
year 1947 hour 7 minute P M.

21. I hereby certify that I attended the deceased from 15 Jan 47
to 11 Feb 47
that I last saw him alive on 11 Feb 47
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis & congestive failure
Due to —
Due to —

Other conditions —
(Include pregnancy within 3 months of death)

Major findings: Of operations —
Of autopsy —

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 —

23. Signature J. M. Wad (M. D. or other) MD
Address Luxington Date signed 2/12/47

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-28-47

ward

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

W. McKean

Licensed Embalmer No.

2983

P. O. Address

Trumbull, 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.