

FILED JUL 21 1947

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 85

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Waynesville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Waynesville General
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hrs.
(Specify whether years, months or days)
In this community 12 hrs.

3. (a) PRINT FULL NAME Gary Norman Anderson

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

4. Sex male 5. Color or race W
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased July 5 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
12 hr. — min.

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

10. Usual occupation —

11. Industry or business —

12. Name Norman Wesley Anderson
13. Birthplace Dixon Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Lorene Carroll
15. Birthplace Crocker Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Norman Anderson
(b) Address Dixon, Mo.
17. (a) removal (b) Date thereof 7-5-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dixon Mo.

18. (a) Signature of funeral director F.H. Gilbert
(b) Address Dixon, Mo.
19. (a) 7/17/47 (b) Thoma C. Buckthorn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Dixon
(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 July day 5
year 1947 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from 7-5-47, 19—, to 7-6-47, 19—;
that I last saw him alive on July 5, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Due to Pre-Septicemic
Cerebral
— reaction

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 159
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 Thoma C. Buckthorn (M. D. or other) —
Address Dixon, Mo. Date signed 7/17/47

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.....

June - 5 - 1947, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Fred H. Gilbert

Licensed Embalmer No.....

2341

P. O. Address.....

Six on 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.