

No. 2
1/47
17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

26920

National Office of Vital Statistics
FILED SEP 15 1947

State File No.

Registration District No. 42

Primary Registration District No. 5133

Registrar's No. 1082

1. PLACE OF DEATH:

(a) County..... **Buchanan**

(b) City or town..... **Rural Marion Township**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution.....
R.F.D. #2, Easton, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **not**
(Specify whether
in this community..... **Lifetime**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **Buchanan**

(c) City or town..... **Rural**
(If outside city or town limits, write "RURAL")

(d) Street No..... **R.F.D. #2 Easton, Mo.**
(If rural, give location)

(e) Citizen of foreign country?..... **No.** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... **Orin Claude Anderson**

3. (b) If veteran, name war..... **None**

3. (c) Social Security No. **None**

4. Sex..... **Male**

5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Married**

6. (b) Name of husband or wife..... **Fannie Anderson**

6. (c) Age of husband or wife if alive..... **61** years

7. Birth date of deceased..... **March 17 1875**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	5	17 hr. min.

9. Birthplace..... **Buchanan County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Farmer**

11. Industry or business.....

12. Name..... **Green Anderson**

13. Birthplace..... **Unknown Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Elizabeth Lyon**

15. Birthplace..... **Kinderhook Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Fannie Anderson**

(b) Address..... **R.F.D. #2, Easton, Mo.**

17. (a) **Burial** (b) Date thereof..... **Sept. 18, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Blakley Cemetery**

18. (a) Signature of funeral director..... **Halter Meierhoffer**

(b) Address..... **1946 Colhoun St., St. Joseph, Mo.**

19. (a) **9-8-47** (b) **B. C. Jenkins**
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **September** day..... **4th**
year..... **1947** hour..... **5** minute..... **30** P. M.

21. I hereby certify that I attended the deceased from..... **August 20**, 19**47** to..... **Sept. 4**, 19**47**
that I last saw him alive on..... **Sept. 1**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cerebral Hemorrhage
Hypertension

Due to.....

Due to.....

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

Duration
2 1/2 wks.

Major findings:
Of operations.....

Of autops.....

PHYSICIAN
Underline the cause of 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)

(c) Means of injury.....

23. Signature..... **Dr. R. K. Van... 2 Ad.**
312 Kernan Bldg. 9-6-47
Address..... Date signed.....

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

MOTHER FATHER

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.....

Clvert P. Harrington

Licensed Embalmer No. *3258* Missouri

P. O. Address *St. Joseph, 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.