

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28237

FILED AUG 25 1947

Registration District No. 175

Primary Registration District No. 5649

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Rural - Pierce Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Oliver Anderson Residence - 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether)  
In this community Entire life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence  
(c) City or town Rural - Pierce Township  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. 1 Monett mo.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country none

3. (a) PRINT FULL NAME Sampson George Anderson  
3. (b) If veteran, name war None  
3. (c) Social Security No. none

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mary Alice Barnett Anderson  
6. (c) Age of husband or wife if alive Deceased years  
7. Birth date of deceased February 14 1863  
(Month) (Day) (Year)

8. AGE: Years 84 Months 5 Days 15  
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER

12. Name Pate Anderson 9  
13. Birthplace not known 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Myers  
15. Birthplace not known 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Oliver Anderson

(b) Address R 1 Monett Mo

17. (a) Burial (b) Date thereof July 31 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DOOF ceme Monett Mo

18. (a) Signature of funeral director Callaway

(b) Address Monett Mo

19. (a) Aug 1 1947 (b) Orsa Mc Nally  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29  
year 1947 hour 19 minute 30 P.M.  
21. I hereby certify that I attended the deceased from 7-29-47  
to 7-29-47  
that I last saw him alive on 7-29-47  
and that death occurred on the date and hour stated above.

Immediate cause of death Chr Valvula Disease  
Duration no

Due to Myo carditis  
Due to acute gastro enteritis 1 day

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 932  
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?

(Specify type of place) While at work? (e) Means of injury 0

23. Signature F J Morning (M. D. or other)

Address Monett Mo Date signed 7-31-47

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

RECEIVED

Health Officer No. 6,

District No. number 47-879

Date Filed AUG 22 1947

---

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 J. D. Bushanan

Licensed Embalmer No. 3179

P. O. Address Monette, W.

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.