S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31947

Registration District No. 237 Primary Registration District No. 3048 Registrar's No. 219

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week (Specify whether
In this community 3 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74
(c) City or town Maryville 1
(If outside city or town limits, write "RURAL")
(d) Street No. 609 West 3rd. 2
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME MARVIN OSCAR ANDERSON
3. (b) If veteran, name war World War I
3. (c) Social Security No. - - - -
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Anderson
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased September (Month) 3, (Day) 1888 (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	0	29	- - - - - hr. min.

9. Birthplace Woolsey, South Dakota 1
(City, town, or county) (State or foreign country)
10. Usual occupation Manufacturer
11. Industry or business None
FATHER
12. Name Michael Anderson
13. Birthplace Norway 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Christina Hesla
15. Birthplace Norway 4
(City, town, or county) (State or foreign country)
16. (a) Informant Mary Anderson
(b) Address Maryville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Price Funeral Home
(b) Address 120 East 1st, Maryville, Mo.
19. (a) Oct. 4, 1947 (Date received local registrar) (b) Bess Holt (Registrar's signature) 770

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2nd year 1947 hour 7 minute 40 A. M.
21. I hereby certify that I attended the deceased from Aug 25 1947 1, 19 Oct. 2 47 that I last saw him alive on Oct 2 - 1947 19 and that death occurred on the date and hour stated above.
Immediate cause of death Shock & Internal Hemorrhage following an Exploratory Laparotomy
Due to Exploration Revealed an inoperable annular
Due to Carcinoma of the Transverse Colon
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
46 E

Duration

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? 0
(Specify type of place)
While at work? (e) Means of injury
23. Signature Chas. F. Bell (M. D. or other) M.D.
Address Maryville, Mo. Date signed 10/3/47

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 John W. Price.

Licensed Embalmer No. 4281

P. O. Address Maryville 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.