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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 21

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 59 Primary Registration District No. 5224 Registrar's No. 156

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

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Rural, Grandriver. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution At Home (Specify whether)
In this community 51 years. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cass
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 4 Miles S.W. of Harrisonville (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Walter James Anderson.
3. (b) If veteran, name war No
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 Mary Bernice Berry.
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Feb (Month) - 17 (Day) - 1895 (Year)

8. AGE: Years 52 | Months 7 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace Near Freeman, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer—Active
11. Industry or business
12. FATHER Name Andrew Jackson Anderson
13. Birthplace No record. (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Rosalee Blunt.
15. Birthplace Ill. (City, town, or county) (State or foreign country)
16. (a) Informant Walter Anderson Jr.
(b) Address Freeman Mo.
17. (a) Burial (Burial, cremation or removal) (b) Date thereof Oct (Month) 9 (Day) - 47 (Year)
(c) Place: burial or cremation Pleasant Ridge Cemetery
18. (a) Signature of funeral director Atkinson-Ford
(b) Address Harrisonville Mo.
19. (a) 10-9-1947 (Date received local registrar) (b) Raura J. Jones (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7
year 1947 hour 10 minute 10 A.M.
21. I hereby certify that I attended the deceased from Aug 4 1947 to Oct 7 1947
that I last saw h. I M alive on Oct 6 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death (a) Carcinoma of Rt. Lung	8 Mo.
Due to (b)	
Due to (c)	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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:
(c) 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
23. Signature O. J. Burgess M.D. (M. D. or other)
Address Harrisonville Mo. Date signed 10-9-47

(Licensed Embalmer's Statement on Reverse Side)

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 Floyd Atkinson

Licensed Embalmer No. 3970

P. O. Address Harrisonville

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.