

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 19 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

42378

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Rural - Richwood Twp
(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.
In this community 65 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Millard Fillmore Anderson

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sylvia E. Anderson 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased July 4 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
92 6 hr. min.

9. Birthplace Maries Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Thomas Anderson
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Leithe Firquin
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Homer Anderson
(b) Address Hancock, Mo.

17. (a) Burial (b) Date thereof Dec. 6, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Tyler Cemetery

18. (a) Signature of funeral director J. L. Hoops & Sons
(b) Address Crocker Missouri

19. (a) Dec - 1 - 47 (b) Jessie Perkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller
(c) City or town Rural - Richwood Twp
(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 Dec. day 4
year 1947 hour 7:20A minute M.

21. I hereby certify that I attended the deceased from Dec. 1, 1947 to Dec. 4, 1947,
that I last saw him alive on Dec. 3, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure Duration 1 Week
Due to Chronic Myocarditis Years
Due to

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

Major findings: Of operations 9 in 3
Of autopsy 9 in 3
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) Means of injury 2

23. Signature W. A. Gould (M. D. or other) D. O.
Address Iberia, Mo. Date signed 12/3/47

WRITE PLAINLY—USE UNFADING BLACK INK—1947 A PERMANENT RECORD
ENCLOSED

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

Paul B. Hooper

Licensed Embalmer No. *3261*

P. O. Address *Waynesville, 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.