S. No. 2
M—5-43
v. 5-17-39
e I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 16 1948
Registration District No. 11

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

77
State File No.
Primary Registration District No. 4024
Registrar's No. 15

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

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Barry
(c) City or town Rural (Flatcreek)
(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

3. (a) PRINT FULL NAME Clifford Ray Anderson
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 30 (Day) 1940 (Year)

8. AGE: Years 7 | Months 7 | Days 23 | If less than one day hr. min.

9. Birthplace Barry County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation school child
11. Industry or business

FATHER
12. Name Clifford Anderson
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Verlie Spain
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Verlie Anderson
(b) Address Cassville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Antioch Cemetery
18. (a) Signature of funeral director Culver Funeral Home
(b) Address Cassville, Missouri
19. (a) Feb 10-1948 (Date received local registrar) (b) Grace Williams (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 23 year 1948 hour 11:30 minute A. M.
21. I hereby certify that I attended the deceased from July, 1947, to January 23, 1948, that I last saw h... im alive on January 23, 1948, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Essential thrombocytopenia | 9 mons. |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations 7-27
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

23. Signature [signature] (M. D. number)
Address Cassville, Missouri Date signed

(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.....
Paul D. Herbst, Registered Apprentice No. 3-4,
working under my personal supervision.

Signed Margaret Culver

Licensed Embalmer No. 4389

P. O. Address Cassville

**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.**