DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 503

FILED FEB 9 1948

Registration District No. 59 — Primary Registration District No. 5222 — Registrar's No. 21

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Rural Dolan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2 Miles So of Freeman
(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 All his Life.
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. 2 Miles So. of Freeman
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elmer Ernest Anderson
3. (b) If veteran, name war No
3. (c) Social Security No. None.
4. Sex M
5. Color or race W.
6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Eva Lou Anderson
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Aug. (Month) 12 (Day) 1895 (Year)

8. AGE: Years 52 | Months 5 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace Near Harrisonville Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farmer (Active).
11. Industry or business
MOTHER FATHER
12. Name Cornelius J. Anderson
13. Birthplace Kans. (City, town, or county) (State or foreign country)
14. Maiden name Anna Augusta Farburn
15. Birthplace Kans. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Eva L. Anderson
(b) Address Lisle Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/48 (Month) (Day) (Year)
(c) Place: burial or cremation Freeman Mo.
18. (a) Signature or funeral director Atkinson Bros.
(b) Address Harrisonville Mo
19. (a) Jan. 31, 1948 (Date received by local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29
year 1948 hour 8 minute 10 A.M.
21. I hereby certify that I attended the deceased from Aug. 1, 1947 to Jan. 29, 1948
that I last saw him alive on Jan. 24, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinomatosis	3 Mo.
Due to: Hypernephroma Rt. Kidney	1 Yr.
Due to:	
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:
(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 O. B. Barger (M. D. or other) MD
Address Harrisonville, Mo Date signed 1-30-48

(Licensed Embalmer's Statement on Reverse Side)

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

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. 3920

P. O. Address Harrisonville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.