. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1697

Registration District No. FILED FEB 3 1948

Primary Registration District No. 3040

Registrar's No. (18)

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

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Chillicothe Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether

In this community 72 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2 1/2 miles east of Chillicothe 0
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edward Frank Anderson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Josie Ballenger Boyle

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July (Month) 24 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	5	24	hr. min.

9. Birthplace Livingston County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name James Frank Anderson
13. Birthplace Livingston County, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Laticia Cruse
15. Birthplace Livingston County, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Anderson

(b) Address R.R. #1, Chillicothe, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-48 (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Missouri

19. (a) Jan - 19-48 (Date received local registrar) (b) Frances D Neill (Registrar's signature) 171

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17th year 1948 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from Jan. 5, 1948, to Jan. 17, 1948 that I last saw him alive on Jan 17, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	13 days
Paralysis - L side	
Due to: Hypertension (arterial sclerosis) several yrs.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 83 A	
Of autopsy	

PHYSICIAN

Underline the cause of 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 Joseph Conrad (M. D. or other) M.D.

Address Chillicothe Date signed Jan. 19-48

Jefferson City Printing Co. (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 Elton L. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

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.