

FILED FEB 18 1948
National Office of Vital Statistics

State File No.

Registration District No. 242

Primary Registration District No. 4362

Registrar's No. 46

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Morehouse
(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 12 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Marion Andrew Anderson

3. (b) If veteran, name war no 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 July 30 1891
(Month) (Day) (Year)

8. AGE: Years 56 Months 5 Days 24 If less than one day - hr. - min.

9. Birthplace Weatherford Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business Farming

12. Name Alex J. Anderson

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Jane Sesebee

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Milem T. Atkins

(b) Address Morehouse Mo. Ex 244

17. (a) Burial (b) Date thereof Jan 25/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemtry

18. (a) Signature of funeral director John Albritton

(b) Address Sikeston, Mo.

19. (a) 2-11-48 (b) Thomas M. Skelton Jr.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County New Madrid
(c) City or town Morehouse
(If outside city or town limits, write "RURAL")
(d) Street No. -
(If rural, give location)
(e) Citizen of foreign country? XXX (Yes or No)
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
year 1948 hour 4 minute 2 A.M.

21. I hereby certify that I attended the deceased from 12-1
1947, to 1-24, 1948
that I last saw him alive on 1-24, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis
Duration 1 week

Due to -

Due to -

Other conditions -
(Include pregnancy within 3 months of death)

Major findings: Of operations -

Of autopsy -

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) (e) Means of injury -

Signature J. M. Davis M.D. (M. D. or other)

Address Morehouse Mo. Date signed 1-28-48

RECEIVED

District Health Office No. 2,

District File Number 248-219

Date Filed 2-16-48

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

John P. Plenton

Licensed Embalmer No.

2941

P. O. Address

Seaton Ave

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..