

REGISTRATION DISTRICT NO. 53
BUREAU OF THE CENSUS
FILED JUL 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18855
Registrar's No. 201

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Southeast Missouri Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days
In this community Several Weeks (Specify whether years, months or days)

3. (a) PRINT FULL NAME Luke Anderson

3. (b) If veteran, name war Not Known
3. (c) Social Security No. Not Known

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Barbara Anderson
6. (c) Age of husband or wife if alive Not Known years
7. Birth date of deceased October 15, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 8 2 hr. min.

9. Birthplace Lebanon Junc., Hardin Co., Kentucky
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Livestock Dealer

11. Industry or business None

12. Name David Burch Anderson
13. Birthplace Lebanon Jct., Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Melvin Stark
15. Birthplace Lebanon Jct., Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. H. Winchester, Sr.
(b) Address Charleston, Missouri.

17. (a) Burial (b) Date thereof 6-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Cemetery, Charleston, Missouri.

18. (a) Signature of funeral director Joe R. Munnelee
(b) Address Charleston, Missouri.

19. (a) 6-28-48 (b) C. C. Summers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
(c) City or town Charleston
(If outside city or town limits, write "RURAL")
(d) Street No. Cypress St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th
year 1948 hour 10:30 minute P.M.

21. I hereby certify that I attended the deceased from 5-28-48 to 6-17-48
that I last saw him alive on 6-17-48 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Congestion
Chr. Myocarditis
Due to Prostatic Surgery
Other conditions (Include pregnancy within 3 months of death)

Major findings: Benign Prostatic Hypertrophy
Of operations Underlying the cause to which death should be charged statistically.
Of autopsy 137 B

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
23. Signature [Signature] (M. D. or other)
Address 801a Broadway Date signed 6-28-48

LIVED

District Health Officer No. 4

District File Number 748.85

Date filed 7-6-48

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 *Edward E. Munnell*

Licensed Embalmer No. 4164

P. O. Address *Charleston, W. Va.*

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.