

U.S. No. 2
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UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 19

FILED JUN 24 1948
Registration District No. 171

Primary Registration District No. 4267

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

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Odessa Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 408 S. 5th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 72 yrs 5 mo - 28 ds (Specify whether years, months or days)

3. (a) PRINT FULL NAME Arthur David Anderson
(b) If veteran, name war No.
(c) Social Security No. 496-01-0766

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
(b) Name of husband or wife _____
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 16 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 5 28 _____ hr. _____ min.

9. Birthplace Lafayette Co Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant - Retired.

11. Industry or business General Mase.

12. Name James A. Anderson
13. Birthplace unknown Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Reach
15. Birthplace unknown Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant James M. Anderson
(b) Address 1408 Hardesty - N.C. Mo.

17. (a) Burial (b) Date thereof 2 12-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Odessa City Cem.

18. (a) Signature of funeral director Blanche H. Hays
(b) Address Odessa Mo.

19. Feb. 12, 1948 (Date received local registrar)
Letta D. Anderson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette
(c) City or town Odessa, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 408 S. 5th 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 Feb day 10
year 1948 hour 11 minute P M.

21. I hereby certify that I attended the deceased from called
as acting coroner to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death natural cause
probably coronary embolism
Due to Dead while gardening. Had
fall in chest was moving for
Due to trip fell to a chair. Fell
in floor & died with few
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: no operative findings
Of operations _____
Of autopsy in autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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)
(c) Means of injury _____

23. Signature W. M. Martin (M. D. or other)
Address Odessa Mo Date signed 2/12
1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number 6

Date Filed 6-23-48

AUG 27 1948

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

Clifton R. Blincoe

Licensed Embalmer No. 2945

P. O. Address Adena Mo

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.