

FILED AUG 5 1948

Registration District No. 38

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 22144

Primary Registration District No. 3006

Registrar's No. 214

## 1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:  
106 Ripley St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Years (Specify whether years, months or days)

In this community 4 Years  
years, months or days

3. (a) PRINT FULL NAME JOHN FRANKLIN ANDERSON3. (b) If veteran, name war None 3. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife r 6. (c) Age of husband or wife if alive 8 - 10 - 1866 years (Month) (Day) (Year)7. Birth date of deceased 8 - 10 - 1866 (Month) (Day) (Year)8. AGE: Years 81 Months 11 Days 16 If less than one day hr. min.9. Birthplace Missouri (City, town, or county) (State or foreign country)10. Usual occupation Retired11. Industry or business Joseph Anderson12. Name Joseph Anderson13. Birthplace Missouri (City, town, or county) (State or foreign country)14. Maiden name Jeanette Corey15. Birthplace Missouri (City, town, or county) (State or foreign country)16. (a) Informant Mrs. Grover Rosebaum(b) Address 106 Ripley St., Columbia, Mo.17. (a) Removal (b) Date thereof 7-26-48 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Carrollton, Missouri18. (a) Signature of funeral director Parker Funeral Service(b) Address Columbia, Mo.19. (a) 7-31-48 (b) Mrs. R. E. Palmer (Date received local registrar) (Registrar's signature)20. DATE OF DEATH: Month July day 26 year 1948 hour 1 minute A. M.21. I hereby certify that I attended the deceased from June 15<sup>th</sup>, 1948 to July 25<sup>th</sup>, 1948; that I last saw him alive on July 25<sup>th</sup>, 1948; and that death occurred on the date and hour stated aboveImmediate cause of death cardiac failureDue to HypertensionDue to arterio-sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 97

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? (Specify type of place)

While at work? ( ) Means injury

23. Signature J. G. Miller (M. D. or other) D.D.Address 227 Jefferson St. Date signed 28 July

Jefferson City, Mo.

## MEDICAL CERTIFICATION

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Jefferson City, Mo.

## PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed AUG 2 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.....

Licensed Embalmer No. 4132

P. O. Address. Columbia

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

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