FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 27 1948
Registration District No. 132

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22922
Primary Registration District No. 3021
Registrar's No.

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cullers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 Days (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Grundy 40
(c) City or town Chula-Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Wilson TWP.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Virgil Anderson.
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Mae Anderson
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased February (Month) 3 (Day) 1902 (Year)

8. AGE: Years 46 Months 4 Days 7 If less than one day ..... hr. ..... min.
9. Birthplace Grundy County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name William Woods Anderson
13. Birthplace Grundy County (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Coral Hiskett
15. Birthplace Grundy County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Emma Mae Anderson
(b) Address Chula Mo. RFD #2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Alpha Cemetery
18. (a) Signature of funeral director E J Robertson Funeral Home
(b) Address Laredo
19. (a) 6-19-48 (Date received local registrar) (b) Irene Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1948 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from May 25 1948 to June 10 1948 that I last saw him alive on June 10 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Peritonitis	2 wks
Due to Gonorrhoea Appendicitis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature E J Mairs (M. D. or other)
Address Trenton Mo Date signed 6/11/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK

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 John M Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo 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.