

Registration District No. 14

Primary Registration District No. 4028 4029

Registrar's No. 27

1. PLACE OF DEATH:  
(a) County Barton  
(b) City or town Mindenmines  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 13 years 5 Mo 15 da (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Barton  
(c) City or town Mindenmines  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Clyde Woodrow Anderson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 6 1935  
(Month) (Day) (Year)

8. AGE: Years 13 Months 5 Days 15 . If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Mindenmines Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business \_\_\_\_\_

12. Name James Woodrow Anderson

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

14. Maiden name Sally Anna Edwards

15. Birthplace Nashville Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant James W. Anderson

(b) Address Mindenmines, Mo.

17. (a) Burial (b) Date thereof Aug 23, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crowley, Pittsburg, Mo. 1st.

18. (a) Signature of funeral director J. M. Benkey

(b) Address Northway, Rays.

19. (a) Aug 20 48 (b) Arthur [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug day 21  
year 1948 hour 1 minute 0 A.M.  
21. I hereby certify that I attended the deceased from Oct. 27  
1947, to Aug. 21, 1948  
that I last saw h im alive on Aug 20 (21), 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation Duration 3 days

Due to Congestive (Congenital) heart disease

Due to Sclerosis of the liver 3 yrs.  
And Renal insufficiency 2 yrs.

Other conditions Toxic degeneration of motor tracts of spinal cord

Major findings: Of operations \_\_\_\_\_  
Of autopsy 1218

PHYSICIAN: \_\_\_\_\_  
Underline the cause to 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature M. H. Kneeland (or other) D.O.  
Address Liberal, Mo. Date signed Aug 23 1948

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

MOTHER FATHER

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 J. M. Barber  
Licensed Embalmer No. 2336  
P. O. Address Mulberry, Tex

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.