DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 17 1948

Registration District No. 178

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26917

Primary Registration District No. 5659

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Lewis

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56

(c) City or town RURAL 000
(If outside city or town limits, write "RURAL")

(d) Street No. Lewis Co. Missouri
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME James Wm Anderson

3. (b) If veteran, name war No

3. (c) Social Security No. ____

4. Sex MALE

5. Color or race White

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife ____

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Sept (Month) 13 (Day) 1890 (Year)

8. AGE: Years 57 Months 10 Days 22 If less than one day ____ hr. ____ min.

9. Birthplace CANTON (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation FARMING

11. Industry or business ____

MOTHER FATHER

12. Name John ANDERSON

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

14. Maiden name Della Sherrod

15. Birthplace ILLINOIS (City, town, or county) (State or foreign country)

16. (a) Informant RAYMOND ANDERSON

(b) Address CANTON MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8/7/48 (Month) (Day) (Year)

(c) Place: burial or cremation CANTON MISSOURI

18. (a) Signature of funeral director Burl R Barkley

(b) Address Canton Missouri

19. (a) 8-8-48 (Date received local registrar) (b) O. H. Jennings, M. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5 year 1948 hour 2 minute 35 P.M.

21. I hereby certify that I attended the deceased from Jan 20, 1947, to 8/3, 1948; that I last saw him alive on 8/3, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac and circulatory failure	
Due to: Hepatic cirrhosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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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? ____ (Specify type of place)

While at work ____ (e) Means of injury ____

23. Signature Dan'l Buchanan (M. D. or other) DO.

Address Canton Mo. Date signed 8/6/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-48-144
Date Filed AUG 16 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 Earl H. Buckley

Licensed Embalmer No. 2615

P. O. Address Centerview, Mo.

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

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