No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 24 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

27017

State File No.

Registration District No. 209 | Primary Registration District No. 3043 | Registrar's No. 262

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion 64
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")
(d) Street No. 110 South 10th St 4
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thomas L. Anderson
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lula
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 23 (Day) 1865 (Year)

8. AGE: Years 82 | Months 11 | Days 22 | If less than one day hr. min.

9. Birthplace Palmyra (City, town, or county) MO (State or foreign country) 0
10. Usual occupation Lawyer
11. Industry or business
FATHER
12. Name William R. Anderson
13. Birthplace (City, town, or county) Mo (State or foreign country) 0
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country) 9
16. (a) Informant Cyrus Anderson
(b) Address 110 S. 10th Hannibal Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cem.
18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo
19. (a) 8-17-48 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature) 184

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14
year 1948 hour 1 minute 1:30 P.M.

21. I hereby certify that I attended the deceased from Aug 8, 1948, to Aug 14, 1948
that I last saw him alive on Aug 8, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Sepsis from Gangrene of left ky Myocarditis

Due to

Other conditions age
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration 6 days

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 W P Birney (M.D. or other) MD
Address Hannibal Mo Date signed 8-17-48

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

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

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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.