

FILED NOV 15 1948

Registration District No. 232

Primary Registration District No. 232

Registrar's No. 201

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Rural Union Twp.
(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 32 years
(Specify whether years, months or days)
In this community, 32 years

3. (a) PRINT FULL NAME JOSEPH SMITH ANDERSON3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Mary Ellen Anderson 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased June 27 1870
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 5 If less than one day hr. min.9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)10. Usual occupation Retired farmer

11. Industry or business

12. Name William J. Anderson13. Birthplace Scotland (City, town, or county) (State or foreign country)14. Maiden name Johann Ferguson15. Birthplace Scotland (City, town, or county) (State or foreign country)16. (a) Informant Mrs Ruth Jensen(b) Address Cleveland Mo.17. (a) Permanence (b) Date thereof Nov. 4 1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Pleasanton Iowa18. (a) Signature of funeral director W. E. Myers(b) Address Cleveland Mo.19. Nov. 6 1948 (b) Aura J. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 miles North East of Cleveland Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2 year 1948 hour 7 minute 30 P. M.21. I hereby certify that I attended the deceased from October 15 to November 25, 1948, that I last saw him alive on October 25, 1948, and that death occurred on the date and hour stated above.Immediate cause of death Cerebral thrombosisDue to HypertensionDue to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 7/25

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? (e) Means of injury

23. Signature Master J. Robbins (M. D. or other)Address Pleasanton Iowa Date signed 11/2/48

PHYSICIAN

Underline the cause of which death should be charged statistically.

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:_____

Licensed Embalmer No._____

P. O. Address_____

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.