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47
39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 9 1948

Registration District No. 67

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5265

State File No. 35923

Registrar's No. 30

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

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Oldfield "Rural" Boston
(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
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian 22

(c) City or town Oldfield "Rural" Boston 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME George Edward Anderson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M O

5. Color or race Wht

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Dollie Shelburn

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased December (Month) 22 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	10	26	hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James Anderson 9
13. Birthplace ? (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Sarah Raymes 9
15. Birthplace ? (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Mary Richardson

(b) Address Oldfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-'48 (Month) (Day) (Year)

(c) Place: burial or cremation Boston Cem. Oldfield, Mo.

18. (a) Signature of funeral director John Dean Harris

(b) Address Clever, Missouri.

19. (a) 9/00 30-48 (Date received local registrar) (b) Lillie Bass (Registrar's signature) 58

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17th year 1948 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from Nov. 17th, 1948, to Nov-17-, 1948, that I last saw him alive on Nov-17, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Thrombosis	24 hrs.
Due to Arteriosclerosis	
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 0

23. Signature Harrow H. Wilson (M. D. or other)

Address Sparta, Mo. Date signed Nov-18-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1248-1363
Date Filed 12-8-48

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 Alva Harris
Licensed Embalmer No. 4390
P. O. Address Clever, 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.