

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED JAN 13 1949

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 41126

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Moberly  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: McCormick Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days  
In this community 83 years  
years, months or days

3. (a) PRINT  
FULL NAME

John T. Anderson

3. (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 Married

6. (b) Name of husband or wife  
Dora Anderson

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

7. Birth date of deceased: April 5 1865  
(Month) (Day) (Year)

8. AGE: Years' ... Months Days If less than one day  
83 8 26 hr. min.

9. Birthplace Randolph City Mo. 1)  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer (RETIRED)

11. Industry or business None

12. Name John R. Anderson

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

14. Maiden name Adored P. Towles

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

16. (a) Informant Mrs. Claud Ramon

(b) Address 1208 Buchanan Moberly Mo.

17. (a) Burial (b) Date thereof Jan 4 - 1949  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo.

18. (a) Signature of funeral director Snow Funeral Home

(b) Address Moberly, Missouri

19. (a) Jan 4 - 49 (b) W. H. McCormick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
(c) City or town Moberly  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1213 Buchanan  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31  
year 1948 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from  
12-24-48 to 12-31-48  
that I last saw him alive on Dec 31  
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis  
Due to Paraneoplastic process

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature W. H. McCormick (M. D. or other)

Address 300 1/2 Red St. Moberly Mo. Date signed 1-1-49

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

MOTHER FATHER

1478 12 1949

RECEIVED  
District Health Officer No. 10  
District File Number 148-71  
Date Filed JAN 11 1949

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.....

*R. M. Cater*

Licensed Embalmer No. ....

P. O. Address.....

*4117  
Proberty 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.