

FILED MAR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4040

State File No.

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 260

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| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Duncan Rest Home 723 So. 11</u> | | d. STREET ADDRESS (If rural, give location) <u>2020 Union St.</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> | b. (Middle) <u>W</u> | c. (Last) <u>Anderson</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>February 26, 1949</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>February 15, 1869</u> | 9. AGE (In years last birthday) <u>80</u> | 10. UNDER 1 YEAR Months | 11. UNDER 1 HR. Hours | 12. UNDER 1 MIN. Min. |
|--------------------|-------------------------------|---|---|---|-------------------------|-----------------------|-----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bridge worker</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>C. G. & W. R. R</u> | 11. BIRTHPLACE (State or foreign country) <u>Indiana</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Alma L. Anderson</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Clara A. Dunham, St. Joseph, Mo</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Arteriosclerotic Heart Disease</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4201</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS <u>Basal Cell Carcinoma, Rt. side of Face.</u> Conditions contributing to the death but not related to the disease or condition causing death. | | <u>Ukn</u> |

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| 19a. DATE OF OPERATION <u>none</u> | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 11 - 15, 1948, to 2 - 26, 1949, that I last saw the deceased alive on 2-17, 1949, and that death occurred at 4:15P m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Clara A. Dunham</u> | 23b. ADDRESS <u>The Schneider Building</u> | 23c. DATE SIGNED <u>2-28-49</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>2/28/49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Mora Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>Mar. 7, 1949</u> | REGISTRAR'S SIGNATURE <u>Ke. C. Jenkins</u> 382 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heaton Burman St. Joseph, Mo.</u> |
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(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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed William Greening

Licensed Embalmer No. 4535

P. O. Address 319 S. 11th, N. Dak.

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.