

FILED SEP 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30886

BIRTH NO. _____		REG. DIST. NO. 174		PRIMARY REG. DIST. NO. 3035		Registrar's No. 58	
1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEXINGTON</u> c. LENGTH OF STAY (in this place) <u>years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MONROE ST 1</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEXINGTON</u> d. STREET ADDRESS (If rural, give location) <u>MONROE ST 3</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>Ralph</u> c. (Last) <u>ANDERSON</u>		4. DATE OF DEATH (Month) <u>7</u> (Day) <u>24</u> (Year) <u>1949</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>		8. DATE OF BIRTH <u>7/10/1903</u>		9. AGE (In years last birthday) <u>46</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>14</u>	
11. BIRTHPLACE (State or foreign country) <u>WATERLOO, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>JAMES ANDERSON</u>		13b. MOTHER'S MAIDEN NAME <u>MAE SHAW</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>FRANK ANDERSON</u> ADDRESS <u>LEX, MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Pulmonary Tuberculosis</u> *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>202X</u>			
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
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? _____			
22. I hereby certify that I attended the deceased from <u>7/24</u> , 19 <u>49</u> , to <u>7/24</u> , 19 <u>49</u> , that I <u>first visited</u> the deceased on <u>7-24-</u> , 19 <u>49</u> , and that death occurred <u>5 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Joel Ward M.D.</u>				23b. ADDRESS <u>Lexington Mo</u>		23c. DATE SIGNED <u>7/25/49</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7/27/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MACHPELAH</u>		24d. LOCATION (City, town, or county) (State) <u>LEXINGTON, MO</u>	
DATE REC'D BY LOCAL REG. <u>8/25/49</u>		REGISTRAR'S SIGNATURE <u>Emmanuel</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>EMMANUEL</u> ADDRESS <u>LEX. MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 1
District Health Officer No. 8,
District File Number _____
Date Filed 9-16-49

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 _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Student Embalmer No. _____

Licensed Embalmer No. 2983

P. O. Address Lehigh Valley

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.