

FILED FEB 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 433

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5166 Registrar's No. 36

0140

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

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: <u>Mo</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Jackson</u>	c. LENGTH OF STAY (in this place) <u>59 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Williamsburg Mo. 01400</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>N. East of Auxvasse</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>	b. (Middle)	c. (Last) <u>Anderson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 30 1950</u>
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5. SEX <u>m. o</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 4, 1875</u>	9. AGE (In years last birthday) / If under 1 year / If under 1 hrs. <u>74</u> / <u>10</u> / <u>26</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Stockholm 4</u>	12. CITIZEN OF WHAT COUNTRY? <u>Sweden</u>
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13a. FATHER'S NAME <u>Aquest Anderson</u>	13b. MOTHER'S MAIDEN NAME <u>W. K</u>	14. NAME OF HUSBAND OR WIFE <u>Dead</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>-</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John Anderson</u>	ADDRESS <u>Auxvasse 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	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)	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 Jan 28, 1949, to Jan 30, 1950, that I last saw the deceased alive on Jan 29, 1950, and that death occurred at 2:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>G. H. Roman</u>	(Degree or title) <u>Dr.</u>	23b. ADDRESS <u>Auxvasse Mo</u>	23c. DATE SIGNED <u>1-31-50</u>
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24. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Feb 1, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Williamsburg</u>	24d. LOCATION (City, town, or county) (State) <u>Williamsburg Mo</u>
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DATE REC'D BY LOCAL REG. <u>Jan 31-1950</u>	REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hughes Maupin</u>	ADDRESS <u>Auxvasse Mo.</u>
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District File Number  
District Health Officer No. 9,  
RECEIVED  
FEB 6 1950

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 Hughes Manpin

Licensed Embalmer No. 2358

P. O. Address Quivasse, 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.