

FILED AUG 7 1950 STANDARD CERTIFICATE OF DEATH

State File No. 23045

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4113 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brunswick</u>	c. LENGTH OF STAY (in this place) <u>4 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brunswick</u> <u>1210</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>601 West Broadway</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Dunlay</u> c. (Last) <u>Anderson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 4 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 4, 1875</u>
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Isaac Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Younge</u>	14. NAME OF HUSBAND OR WIFE <u>Katherine Nimtz Anderson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-18-0575X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Katherine Anderson</u> ADDRESS <u>Brunswick Mo</u>
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>Myelogenous Leukemia</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2041</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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>June 12, 1948</u> , to <u>July 4, 1950</u> , that I last saw the deceased alive on <u>July 4, 1950</u> , and that death occurred at <u>10 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. D. Stuart</u> (Degree or title) <u>T. H.</u>		23b. ADDRESS <u>Brunswick, Mo.</u>	23c. DATE SIGNED <u>7/6/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 6, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Brunswick Mo</u>
DATE REC'D BY LOCAL REG. <u>July 6-1950</u>	REGISTRAR'S SIGNATURE <u>Mildred R. Meyer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>56 Meyer Funeral Home</u>	ADDRESS <u>Brunswick Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 2 1950  
District Health Officer No. 10  
District File Number P-50-1235  
Date Filed AUG 4 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, on by \_\_\_\_\_

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed S. L. Leopard

Licensed Embalmer No. 3970

P. O. Address Mendon 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.