a. STATE MISSOURI Dekalb.  b. CUTY (if souther companies limits, write BURAL and drive to community of TAY in a date place)  c. CITY (if consider companies limits, write BURAL and drive to community of TAY in a date place)  d. FISHL NAME OF it are in heapful or institutione, give stream Address or Ionation.  d. FISHL NAME OF it are in heapful or institutione, give stream Address or Ionation.  NSTITUTION  d. FISHL NAME OF it are in heapful or institutione, give stream Address or Ionation.  NSTITUTION  STRET  (If read, give heaction)  C. (Liasti)  J. ADATE (Month) (Day) (Year)  DEATH 5 29 50  DEATH 5 29 50  SEX D. (COLOR OR RACE 7. MARRIED, REVER MARRIED, ROUTE)  NSTITUTION  S. SEX D. (S. COLOR OR RACE 7. MARRIED, REVER MARRIED, ROUTE)  NST. REATH TO SERVE THE STREAM OF THE SERVE THAT IN THE SER	00	l files and	0.04.4050	IHE I		CF REA	ALIN OF MISSON	A TI I			_	
S. COUNTY   Dekalb	á''	L. FILLU AU	3 21 1950	SIAN	DAKU C	EKIIF	ICATE OF DE	AIH	State	File No	_20	<b>3451</b>
B. COUNTY Dekalb  C. CLENGTH D. CITY (If conside components limits, write RURAL and drive township) D. CITY (If consider components limits, write RURAL and drive township) D. CLENGTH OBDOTT	0	BIRTH NO		REG. DIST	г. но. 💯		PRIMARY REG. DIST.	NO.4/	69 Regis	trar's No.	<u>34</u>	<del></del>
C. CITY (II counted components litation, with a RURAL and gives towards) STATUTION OS BOOTH (S) CONTROL OS (If not its hospital or ineditation, gives towards) (If the counter of the coun	į	lt account					2. USUAL RESIDENCE (Where deceased lived. If institution: rasidence before a. STATE Misson of the county of the co					
TOWN OBDUTION  d. FULL NAME OF CIT sets is beephal or institution, give stress actions are lossation.  J. MANE OF DECRASED Sp. (First)  D. (Middle)  R. ANDERSON  D. (Land)  R. ANDERSON  D. (Land)  R. ANDERSON  D. (Land)  R. ANDERSON  D. (Land)  D. (Middle)  D. (Middle)  R. ANDERSON  D. (Middle)  R. ANDERSON  D. (Middle)  R. ANDERSON  D. (Middle)  D. (Middle)  D. (Middle)  R. ANDERSON  D. (Middle)  R. ANDERSON  D. (Middle)  R. ANDERSON  D. (Middle)  R. ANDERSON  D. (Middle)  D. (Middle)  R. ANDERSON  D. (Middle)  D. (Middle)  R. ANDERSON  D. (Middle)  R. ANDERSON  D. (Middle)  D. (Middle)  R. ANDERSON  D. (Middle)  D. (Middle)  R. ANDERSON  D. (Middle)  D. (Middle)  D. (Middle)  R. ANDERSON  D. (Middle)  D. (Middle)  D. (Middle)  R. ANDERSON  D. (Middle)  D. (Middle)  D. (Middle)  D. (Middle)  R. ANDERSON  D. (Middle)  R. ANDERSON  D. (Middle)  D.	-	b. CITY (If outside corporate limits, write RURAL and give   c. LENGTH OF					c. CITY (If outside corporate limits, write RURAL and give township)					
NAME OF USEAN DEATH OF SECRET SECONDITION  1. SEX ON SECRET SECONDER RACE TO MARRIED, REVER MARR	TOWN OSDORN township) STAY (In this place)					. TOWN	Osbor	'n		<u> 63</u>	70	
S. SEX   S. SEX   S. COLOR OR RACE   7. MARRIEO. NEVER MARRIEO.   S. DATE OF BIRTH   S.	l.	INSTITUTION	If not in hospital or in	etitution, give :	treet address or	losation)	d. STREET ADDRESS	(If reral, a	dve location)			<i>0</i>
Male White Wild Own Concerns of the Concerns o		3. NAME OF BECEASED (Type or Print)			•	AN	VDERSON		OF DEATH	5	(Day) 29	
DUSTRY Ret. Farmer Ret. Rather's Name Residues Anderson 13b. Mother's Maiden Name Louise Anderson 14. Name of Husband or Wife Is Anderson 15. Was December Seed Ever in U. S. Arneed Forces? 16. Social Security 17. Informant's Signature or name 18. Cause of Death Enter only one course per 19. Disease or Condition 18. Cause of Death Enter only one course per 18. Disease or Condition 18. Cause of Death Enter only one course per 18. Disease or Condition 18. Cause of Death Enter only one course per 18. Disease or Condition 18. Cause of Death Enter only one course per 18. Disease or Condition 19. Disease or Condition 19. Disease or Condition 19. Disease or Condition 19. Medican Continues 19. Medican Continues 19. Maiden on times 19. Maiden of the disease or conditions coursing death. 20. Autopsyl 21. Disease or Condition 22. Autopsyl 22. Condition continuing to the death but not 22. Condition continuing to the death but not 22. Condition continuing to the death but not 22. Condition 22. Condition 22. Condition 22. Autopsyl 22. Condition 23. Condition 24. Condition 25. Condition 26. Condition 26. Condition 27. Condition 28. Condition 28. Condition 29. Co				7. MARRIED WIDOWEI	NEVER MAP DIVORCED OWO	RRIED,	)		9. AGE (In year last, bythday)			
136. MOTHER'S MAIDEN MAME   14. MAME OF HUSSAND OR SIFE	1	done during most of worki	ng iife, even if retired)	10b. KIND (	of Business	OR IN- DUSTRY		-			COUN	TRY7
S. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.   17. INFORMANT'S SIGNATURE OR NAME   ADDRESS   L. Wayne Anderson   S. Vannah   MO	į	13a. FATHER'S NAME					NAME	14. NAM	E OF HUSBAN		E	
18. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c)  *This does not meen the mode of dying, such the underlying conditions, if any, giving the underlying consections the underlying consec	ĺ	15. WAS DECEASED EVER IN U.S. ARMED		ORCES?   16		CURITY	17. INFORMANT	S SIGNA	TURE OR N	AME		
Morbid conditions, if any, gioing DUE TO (b)  as heart failure, arthenia, the unded dying, such the subset of sping, such the subset of sping, such the underlying authenia.	Enter only one cause per line for (a), (b), and (c)			ONDITION ON THE PROPERTY OF TH						, 	INTER	VAL BETWEEN
Conditions contributing to the death but not related to the disease or condition cousing death.  19a. DATE OF OPERA.  19b. MAJOR FINDINGS OF OPERATION.  20. AUTOPSY?  YES NO E  21a. ACCIDENT SUICIDE HOMICIDE  21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  21d. TIME (Month) (Day) (Year) (Hour) OF INJURY  21e. INJURY CCCURRED WHILE AT NOT WHILE WORK AT WORK  22. I hereby certify that I attended the deceased from (1/2 c/r, r) o, 19 4/r, to 1/7/2 1/2, 10 1/2, that I last saw the deceased alive on 1/7/2 1/2, 19.10, and that death occurred at 3/2 m., from the causes and on the date stated above.  22a. SIGNATURE  22a. SIGNATURE  22b. NAME OF CEMETERY OR CREMATORY 10b. REMOVAL (State)  22c. NAME OF CEMETERY OR CREMATORY 12d. LOCATION (City, town, or county) 1/7 fellow Did Injury OCCUR?  23c. DATE SIGNED  23c. DATE SIGNED  24d. LOCATION (City, town, or county) 1/7 fellow Did Injury OCCUR?  23d. ADDRESS 23d. DATE SIGNED  24d. LOCATION (City, town, or county) 24d. LOCATION (City, town, or county) 25d. LOCATION (City, town, or county) 26tate)  25d. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, town, or county) 27d. L		the mode of dying, such as heart fallure, asthenia, etc. It means the dis-	Morbid conditions rise to the above ca the underlying cau	ns, if any, giving DUE TO (b) cause (a) stating ause last.				•				
TION  TION  TION  TION  TION  TO THE Control of the deceased from The course of the co		tion which caused death.	Conditions contribu	niting to the dec	th but not			:		•	49	X
SUICIDE   home, farm, factory, etreet, office bidg., sea.)	19a, DATE OF OPERATION 19b. MAJOR FIND			DINGS OF OP	ERATION	457	-	•	• /			TOPSY?
WHILE AT NOT WHILE  2. I hereby certify that I attended the deceased from 176/2, a, 1944, to 1772 27, 1950, that I last saw the deceased alive on 1722, 29, 1950, and that death occurred at 3 a, m., from the causes and on the date stated above.  23a. SIGNATURE  (Degree or title)  23b. ADDRESS  23c. DATE SIGNED  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (City, town, or county)  24d. LOCATION (City, town, or county)  25d. DATE RECO BY LOCAL  RESISTRAR'S SIGNATURE  3 C. FUMERAL DIRECTOR'S SIGNATURE  4 C. FUMERAL DIRECTOR'S SIGNATURE  3 C. FUMERAL DIRECTOR'S SIGNATURE  4 C. FUMERAL DIRECTOR'S SIGNATURE  3 C. FUMERAL DIRECTOR'S SIGNATURE  4 C. FUMERAL DIRECTOR'S SIGNATURE  4 C. FUMERAL DIRECTOR'S SIGNATURE  4 C. FUMERAL DIRECTOR'S SIGNATURE  5 C. FUMERAL DIRECTOR'S SIGNATURE  6 C. FUMERAL DIRECTOR'S SIGNATURE  5 C. FUMERAL DIRECTOR'S SIGNATURE  6 C. FUMERAL DIRECTOR'S SIGNATURE  7 C. FUMERAL DIRECTOR'S SIGNATURE  8 C. FUMERAL DIRECTOR'S SIGNATURE  8 C. FUMERAL DIRECTOR'S SIGNATURE  8 C. FUMERAL DIRECTOR'S SIGNATURE  9 C. FUMERAL DIRECTOR'S SIGNATUR		21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF home, farm, fact	INJURY (e.g., i	in or about bidg., etc.)	21c. (CITY, TOWN, OF	TOWNSHIP	)(CC	UNTY)	. (	STATE)
alive on 172 19, 19 10, and that death occurred at 3 a.m., from the causes and on the date stated above.  23a. SIGNATURE  (Degree or title)  23b. ADDRESS  23c. DATE SIGNED  23c. DATE SIGNED  23c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (Oity, town, or county)  3 c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (Oity, town, or county)  3 c. NAME OF CEMETERY OR CREMATORY  4 c. Name of CEMETERY OR CREMATORY  4 c. Name of CEMETERY OR CREMATORY  5 c. Name of CEMETERY OR CREMATORY  5 c. Name of CEMETERY OR CREMATORY  5 c. Name of CEMETERY OR CREMATORY  6 c. Name of		l OF	(Day) (Year) (I	_ WHII	EAT   NOT V	WHILE ( - )	21f. HOW DID INJUR	Y OCCURT				_
23a. SIGNATURE  (Degree or title)  23b. ADDRESS  23c. DATE SIGNED  24c. DATE SIGNED	2. I hereby certify that I attended the deceased from 17/6/2 , a , 1942, to 1772 427, 1950, that I last saw the deceased											
24a. BURIAL. CREMA- 24b. DATE   24c. NAME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, crocumity)   (State)   TION REMOVAL CREMA- 24b. DATE   24c. NAME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, crocumity)   (State)   TOWN   5-31-50   Ever Green   Osborn, Mo.  DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE   92   25. FUNERAL DIRECTOR'S SIGNATURE   ADDRESS   SUMMERT   161d - Lyon   Stewart sville. Mo.  (Licensed Embelmer's Statement on Reverse SSG)				Ü								
DATE REC'D BY LOCAL RESISTRAR'S SIGNATURE 22 S. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SUMMER Tield-Lyon Stewartsville, M. January Stewartsville, M. J	ļ	24a. BURIAL. CREMA	5. IS al			CEMETER		24d. LOCA	TION (Olty, to	ra, or cou	1/7)_ niy)	
(Grand Embelour's Statement on Reverse Sec.)		TION REMOVAN		<del></del>	Ever (	Green					<del> </del>	<del>,</del>
(Licensed Embelmer's Statement on Reverse Side)		6-3/-10 REG	REGISTRAR'S S	SIGNATURE	dsoa	82						
	4		:n: .		(Licensed Em	belmer's S	estement on Reverse Si	(Sé)				



## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this co	Student Embalmer No.
working under my personal supervision.	

P. O. Adordewaylville, Ma

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.