

FILED MAR 8 1951

STANDARD CERTIFICATE OF DEATH

State File No. 4343

BIRTH NO. _____		REG. DIST. NO. 6		PRIMARY REG. DIST. NO. 5424		Registrar's No. 3			
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dunklin 0350					
b. CITY (If outside corporate limits, write RURAL and give township) Rural Union Twp. c. LENGTH OF STAY (in this place) 3yrs				c. CITY (If outside corporate limits, write RURAL and give township) d. STREET ADDRESS (If rural, give location) Wilhelmena, Rural, Union none					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) none					
3. NAME OF DECEASED (Type or Print) a. (First) WILLIE b. (Middle) M. c. (Last) ANDERSON				4. DATE OF DEATH (Month) (Day) (Year) Jan 23, 1951					
5. SEX Male 0		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 2		8. DATE OF BIRTH 13 June 1882			
9. AGE (in years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sawmill worker		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Henry Anderson		13b. MOTHER'S MAIDEN NAME unkn		14. NAME OF HUSBAND OR WIFE +66-6-----					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 497-01-8238		17. INFORMANT'S SIGNATURE OR NAME Fred Anderson		ADDRESS Malden, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Drowning ANTECEDENT CAUSES Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH 872918 472	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ditch		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Campbell Mo Rural 035					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 23 1951		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Specify) (Degree or title) Walter R. Knapp				23b. ADDRESS		23c. DATE SIGNED 2-13-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 31, 1951		24c. NAME OF CEMETERY OR CREMATORY Park Memorial		24d. LOCATION (City, town, or county) (State) Malden, Mo.			
DATE REC'D BY LOCAL REG. 2/19/1951		REGISTRAR'S SIGNATURE Mrs. T. Deulah. Combs		25. FUNERAL DIRECTOR'S SIGNATURE Wallace R. Knapp		ADDRESS Malden Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 2-27-51

COUNTY FILE NUMBER 251-52

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

Wallace R. Knight

Licensed Embalmer No. 4514

P. O. Address

Malden, 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.