

FILED APR 2 1951

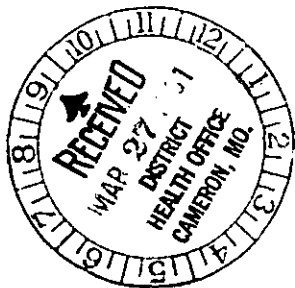
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11388

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. 374 | | PRIMARY REG. DIST. NO. 4580 | | Registrar's No. 11 | |
| 1. PLACE OF DEATH a. COUNTY Worth | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Worth | | | |
| b. CITY OR TOWN Sheridan | | c. LENGTH OF STAY (In this place) 60 years | | c. CITY OR TOWN Sheridan | | 1130 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Francis | | b. (Middle) Siegel | | c. (Last) Anders | |
| 4. DATE OF DEATH | | (Month) 3 (Day) 20 (Year) 1951 | | | | | |
| 5. SEX male | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | | 8. DATE OF BIRTH 7 20 1862 | |
| 9. AGE (In years last birthday) 88 | | IF UNDER 1 YEAR 8 Months 0 Days | | IF UNDER 24 HRS. 0 Hours 0 Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer blacksmith | | 10b. KIND OF BUSINESS OR INDUSTRY farming | | 11. BIRTHPLACE (State or foreign country) Lee County, Iowa | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Jacob Joseph Anders | | 13b. MOTHER'S MAIDEN NAME Martha Reed | | 14. NAME OF HUSBAND OR WIFE Margaret Rogers | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME Charles A. Anders | | ADDRESS Sheridan, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis, Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) no DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE 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) 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 Mar 19, 1951 , to Mar 20, 1951 , that I last saw the deceased alive on Mar 19, 1951 , and that death occurred at 2 a m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE E. P. Nicholls M. D. | | (Degree or title) | | 23b. ADDRESS Sheridan Mo | | 23c. DATE SIGNED 3-21-51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 3-22-1951 | | 24c. NAME OF CEMETERY OR CREMATORY Forest Grove Cemetery | | 24d. LOCATION (City, town, or county) (State) Bedford, Iowa | |
| DATE REC'D BY LOCAL REG. March 24, 1951 | | REGISTRAR'S SIGNATURE John E. Lawrence | | 25. FUNERAL DIRECTOR'S SIGNATURE Arch C. Dangle | | ADDRESS Grant City, Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

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



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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.