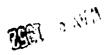
5. No.300 V. 10.46	MEED APR 7	1952	STAND	ARD CERTIF	ICATE OF DE	ATH	State 1	File No	76	22	
ıL	BIRTH NO		REG. DIST.	no. <u>53</u>	PRIMARY REG. DIST.			rar's No	102	<u> </u>	
164	a. COUNTY Car	2. USUAL RESIDENCE (Where the country Cape Him.  a. STATE Mo. Cape Him.					nos before edecimion).				
0	b, CITY (If outside ex	C. CITY (If outside corporate limits, write BURAL and give township) OR									
9	тойн Саре	Town Cape Girardeau 0/64									
RECORD	d. FULL NAME OF ( HOSPITAL OR INSTITUTION:	d. STREET (If rural, give location) ADDRESS				O %					
	3. NAME OF DECEASED	a. (First)		. (Middle)	c. (Last)		4. DATE (	Month)	(Day)	(Year)	
Ę	(Type or Print)	Geor		urner	Anderson-		DEATH 3	<u>-25-</u>	<u>52</u>		
ANE		COLOR OR RACE White	7. MARRIED, N WIDOWED, I Narr	NEVER MARRIED, DIVORCED (Bpacify) 100 1	8. DATE OF BIRTH 7-13-189	1	9. AGE (In year lest birthday)	Months	Days Hour	Min.	
PERMANENT	10a. USUAL OCCUPATIO	ON (Give kind of working life, even if retired)	10b. KIND OF Riv	BUSINESS OR IN- DUSTRY	11. BIRTHPLACE (State Ark. C	or foreign of	Ark.	/	12. CITIZEN COUNTRY	7	
# .	13a. FATHER'S NAME		136.	MOTHER'S MAIDEN	NAME		E OF HUSBAND	OR WIF		<u>'</u>	
<b>9</b>	[t <del></del>	Anderson			len		Hattie		erson		
MAKE	15. WAS DECEASED EVE (Yee. no. or unknown) (If Y S	R IN U.S. ARMED I	ORCES?   16. S	SOCIAL SECURITY NO.	Hallie a	'S SIGNA Melen	TURE OF NA	WE LRLA	ADD	RESS	
INK—	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  II. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  III. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (b)  III. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (c)										
CK	This does not mean the mode of dying, such Morbid conditions, if any, civing DUE TO (blussic Mehhrosclessic)								1-34	s.	
BLA	as heart failure, asthenia, etc. It means the dis-	Morbid conditions rise to the above co the underlying cau		( /	rilature)				7		
DING	ease, injury, or complica- tion which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  Conditions Conditions Considered to the disease or condition causing death.  Conditions Conditions Considered to the disease or condition causing death.									
UNFADING	19a. DATE OF OPERA- 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?									SY7 NO 🔯	
	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	1b. PLACE OF IN.	JURY (e.g., in or about street, office bidg., etc.)	21c. (CITY, TOWN, OR	TOWNSHIP	(COL	JNTY)	(STA		
-using											
PLAINLY	22. I hereby certify that I attended the deceased from 21. 14. 1952, to March 25, 1952, that I last saw the deceased alive on March 25, 1952, and that death occurred at 8 2 m., from the causes and on the date stated above.									eceased	
	23a. SIGNATURE	n P. Vie	hler	(Degree or till)	Cape De	rand	lean 1	Mo.	3-27	SIGNED	
WRITE	24a. BURIAL, CREMA TION REMOVAL (Breaty	3-28-5	2 24c. 1	name of cemeter ound	Y OR OREMATORY	New 1	non (our www. Madrid	Mo	•	State)	
	3 - 30 - 32		GNATURE	44-0 J	BODE JU	Mas	HONE !	-	nevill	e Ark	
L			(Lie	censed Embalmer's S	tatement on Reverse Sic	de)				<del></del>	
						_					







## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is record	ded on the reverse side of this certificate was embalmed by me, or by
working under my personal supervision.	Student Embalmer No

Student Embalmer

Licensed Embalmer No. 3/00

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWORTING. (Failure to comply with

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.