

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21385

FILED JUL 9 1952

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH

Premiscot
 (a) County
 (b) City or town Hermondale Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
At Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution four Days
 (Specify whether
 In this community Several Years
 years, months or days)

3. (a) PRINT
FULL NAME

Edward Anderson.

3. (b) If veteran,

name war No

3. (c) Social Security

No

4. Sex Male5. Color or
race Col6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife
Jessie Lee Anderson6. (c) Age of husband or wife if
alive 2-1892 years
(Day) (Year)7. Birth date of deceased Jan. 2-1892
(Month) (Day) (Year)

8. AGE:

Years 60-Yrs

Months

Days

If less than one day

hr. min.

9. Birthplace

Miss. La.
(City, town, or county)

(State or foreign country)

10. Usual occupation

Farmer.

11. Industry or business

Charley Anderson.

12. Name

La.

13. Birthplace

Henretta
(City, town, or county)

(State or foreign country)

14. Maiden name

La.

15. Birthplace

La.
(City, town, or county)

(State or foreign country)

16. (a) Informant

Jessie Lee Anderson

(b) Address

Hermonville, Mo. State Route Box-83

17. (a)

New Hope
(Burial, cremation, or removal) (City or town) (County) (State)

(b) Place: burial or cremation

18. (a) Signature of funeral director

W. Z. Cobb

(b) Address

By Mills

19. (a)

7-1-30
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED

Mo. Premiscot
 (a) State (b) County
 (c) City or town Rural.
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rural.
 (If rural, give location)
 (e) Citizen of foreign country? U.S.A.
 If yes, name country U.S.A.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4-52
 year 3 P.M. hour minute M.

21. I hereby certify that I attended the deceased from 6/2/52
 19 to 6/4/52 19
 that I last saw him alive on 6/4/52 19
 and that death occurred on the date and hour stated above.

Immediate cause of death

Bronchial pneumonia

Duration

7

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence
 (c) Where did injury occur?
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(c) Means of injury

23. Signature W. M. Carr (M. D. or other)
 Address Hermonville Date signed 6/5/52

7-52-216

Rec.

JUL 8 1952

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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 *me*

working under my personal supervision.

Registered Apprentice No. *489-*

Signed *Hearley, J. Cobb*

Licensed Embalmer No. *489*

P. O. Address *By Herald*

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.