

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25204**

FILED AUG 16 1941

Registration District No. **547**

Primary Registration District No. **3018**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution two hours
(Specify whether years, months or days)

In this community yes

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph **7**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME FREDOLPH P. ANDERSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ruth Anderson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 11 1895
(Month) (Day) (Year)

8. AGE: Years 45 Months 8 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace St Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business _____

MOTHER FATHER { 12. Name Emil J. Anderson

13. Birthplace Sweden
(City, town, or county) (State or foreign country)

14. Maiden name Emma C. Peterson

15. Birthplace Sweden
(City, town, or county) (State or foreign country)

16. (a) Informant L. C. Johannes

(b) Address 4007 Kansas St Joseph Mo.

17. (a) St Joseph Mo. (b) Date thereof 7-31-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Joseph Mo.

18. (a) Signature of funeral director Frank Wellman

(b) Address 225 N Main Clinton Mo.

19. (a) 7-6-41 (b) D. J. R. Hancher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 31
year 1941 hour 12:10 minute _____ M.

21. I hereby certify that I attended the deceased from July 30, 1941 to July 30, 1941; that I last saw him alive on July 30, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

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) (e) Means of injury _____

23. Signature R. S. Hallingworth (M. D. or other) D
Address Clinton Mo. Date signed 7/31/41

RECEIVED

District Health Officer No. 7,

District File Number 8-41-1331

Date Recd. 8-14-41

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No. 2478

P. O. Address Clinton

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..