

No. 2  
-9-4-41  
5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
FILED NOV 23 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35066

Registration District No. 347

Primary Registration District No. 3018

Registrar's No.

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: W. Franklin St  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 24 yr 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 042

(c) City or town Clinton  
(If outside city or town limits, write "RURAL")

(d) Street No. W. Franklin  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME James Francis Anderson

MEDICAL CERTIFICATION

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 500-16-6344

20. DATE OF DEATH: Month Nov day 5 year 1941 hour 5:40 P.M. minute \_\_\_\_\_ M.

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

21. I hereby certify that I attended the deceased from Nov 5 1941 to Nov 5 1941 that I last saw him alive on Nov 5 1941 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

Immediate cause of death Cerebral Hemorrhage - 12 hours

8. AGE:	Years	Months	Days	If less than one day
	<u>34</u>	<u>4</u>	<u>27</u>	hr. _____ min. _____

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Windsor Mo (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) g3a

10. Usual occupation Laborer

Major findings: Of operations \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name James F. Anderson

13. Birthplace Combin Co Ill (City, town, or county) (State or foreign country)

14. Maiden name Francis Melton

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

Of autopsy None

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant James F. Anderson Sr.  
(b) Address Clinton, Mo.

17. (a) Burial (b) Date thereof 11-7-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ballou, Mo.

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? \_\_\_\_\_

18. (a) Signature of funeral director Fred Wilkinson  
(b) Address Clinton, Mo.

19. (a) Nov 6, 1941 (b) Dr. F. P. Hampton  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature Ed. P. Peeler (M. D. or other) MD  
Address Clinton - Mo Date signed 11/6/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 11-41-1931

Date Filed 11-24-41

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Fred McKusick*

Licensed Embalmer No. 2478

P. O. Address.....

*Clinton 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.**