

FILED AUG 10 1944

Registration District No. 1944

Primary Registration District No. 5507

Registrar's No. 115

1. PLACE OF DEATH:

(a) County Henry Rural
(b) City or town Clinton - Davis Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE
(Specify whether
In this community 35 years
years, months or days)

3. (a) PRINT FULL NAME JAMES H. ANDERSON

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

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

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

7. Birth date of deceased JULY 8 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 11 27 hr. min.

9. Birthplace Cynthiana Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name Stephen Anderson

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

14. Maiden name Jamina Long

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie Anderson

(b) Address 226 N. Lake St. Pleasant Hill, Mo.

17. (a) Burial (b) Date thereof July 8 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill

18. (a) Signature of funeral director W. H. Gausant

(b) Address Clinton Mo

19. (a) July 7 1944 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Rural Davis Twp
(If outside city or town limits, write "RURAL")
(d) Street No. 10 Miles West of Clinton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day Fifth
year 1944 hour 10 minute 55 A.M.

21. I hereby certify that I attended the deceased from 4-15, 1944, to 6-27, 1944
that I last saw him alive on 6-27, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach
= metastasis Duration unknown

Due to _____

Due to _____

Other conditions 46 f
(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) (e) Means of injury _____

23. Signature Eugene D. Revell (M. D. or other) MD

Address Clinton Mo Date signed 7-6-44

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

4200

1069

RECEIVED

District Health Officer No. 7,

District file number 7-44-924

Date filed 8-9-44

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 W. L. Vanant.....

Licensed Embalmer No. 3779.....

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.