

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: Clinton General D
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 3 da.
(Specify whether
 In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Henry
 (c) City or town Clinton
(If outside city or town limits, write "RURAL.")
 (d) Street No. 810 S. Second St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MASON CALLOWAY ANDERSON JR.
 3. (b) If veteran, name war World WAR I 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 9
 year 1945 hour 1 minute 30 A.M.
 21. I hereby certify that I attended the deceased from Feb 5 1945
 to Feb 9 1945
 that I last saw him alive on Feb 9 1945
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Dorothy 6. (c) Age of husband or wife if alive 41 years
 7. Birth date of deceased: 4 5 1899
(Month) (Day) (Year)

Immediate cause of death: Cerebral Hemorrhage
 Due to _____
 Due to _____

8. AGE: Years 45 Months 10 Days 4
 If less than one day hr. _____ min. _____

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

Other conditions: Hypertensive Pneumonia
(Include pregnancy within 6 months of death)
 Major findings: Hypertension
 Of operations _____
 Of autopsy 830'
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

10. Usual occupation Merchant and Fireman
 11. Industry or business _____

MOTHER FATHER
 12. Name Mason Anderson Sr.
 13. Birthplace Henry Co Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Kathleen L. Calloway
 15. Birthplace Maverly Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Dorothy Anderson
 (b) Address Clinton Mo.
 17. (a) Burial (b) Date thereof 2-11-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Englewood Cemetery

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 _____

18. (a) Signature of funeral director Fred Wilkerson
 (b) Address Clinton Mo.
 19. (a) February 10 1945 (b) Jury Kitchen Deputy
(Date received local Registrar) (Registrar's signature)

23. Signature R. R. S. Wilkerson M.D.
 Address _____ Date 2-10-45

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

MAR 12 1945
MAR 2 1945
MAR - 8 1945

AUG 20 1945

OCT 27 1945

Death Officer No. 71
Number 1-45-133
Date Filed 2-27-45

MAR 28 1945

MAR - 8 1945

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 Wickman

Licensed Embalmer No. 5478

P. O. Address Cluney 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.