

S. No. 2
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v. 5-17-39
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17041

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 14 1945
Registration District No. 137

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 103

Primary Registration District No. 3023

42
1
2
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: ✓
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____
In this community Life time (Specify whether 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. South Second
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MASON 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 Kathryn L. Callaway 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 2 17 1875
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 28 If less than one day hr. _____ min. _____

9. Birthplace Henry Co. (Searsville) Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Collector

11. Industry or business _____

MOTHER FATHER
12. Name Christopher Anderson
13. Birthplace _____ Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Martha Bell
15. Birthplace _____ Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Berry Anderson
(b) Address Kansas City Mo.

17. (a) Englewood Cem. (b) Date thereof 5-17-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Hed Wetherington
(b) Address Clinton Mo

19. (a) Mayle (b) Myrtle Browder
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1945 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____ 19____
that I last saw him _____ give _____
and that death occurred on the date and hour stated above.

Immediate cause of death D.O.R. but helpline death was due to coronary occlusion as he died almost instantly.
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 R.S. Halliguard M.D. or other _____
Address Clinton Mo. Date signed 5/16/45

RECEIVED

NO. 71

6-13-43

Date filed 6-13-43

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 W. Wilkerson

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.