

FILED JUN 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19984

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton	
c. LENGTH OF STAY (in this place) 39 yrs.		d. STREET ADDRESS (If rural, give location) W. Allen St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wetzel Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Thomas		b. (Middle) Z	
		c. (Last) Anders	
4. DATE OF DEATH (Month) (Day) (Year) June 10 1950			
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 27 1872
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) Labor	
11. BIRTHPLACE (State or foreign country) Sullivan Co. Ind.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Anders		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Annie J. Anders			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 493-12-8216 A	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Annie J. Anders		ADDRESS Clinton, Missouri	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pernicious Anemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb. 1950, to June 10, 1950, that I last saw the deceased alive on June 9, 1950, and that death occurred at 7:30 a.m., from the causes and on the date stated above.			
23a. SIGNATURE R. J. Powell (Degree or title)		23b. ADDRESS Clinton, Mo.	
23c. DATE SIGNED 6/11/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE	
24c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery		24d. LOCATION (City, town, or county) (State) Clinton, Missouri	
DATE REC'D BY LOCAL REG. June 12-50		REGISTRAR'S SIGNATURE Florence Adair	
25. FUNERAL DIRECTOR'S SIGNATURE Fred E. Johnson		ADDRESS Clinton, Mo.	

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

0472

0472

2900

RECEIVED 6-19-50
District Health Officer No. 7,
District File Number 5-50-669
Date Filed 6-19-50

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Paul M. Thomas Jr.

Licensed Embalmer No. 4518

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.