

S. No. 2  
M-2-43  
5-17-39  
X39607

State File No. \_\_\_\_\_  
Registrar's No. 271

FILED DEC 30 1947  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3026

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

1. PLACE OF DEATH:

(a) County Cole  
 (b) City or town Jefferson City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution St. Marys Hospital  
 (If not in hospital or institution, write street number & location)  
 (d) Length of stay: In hospital or institution 16 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
 (c) City or town Columbia  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 605 - 7 - Williams  
 (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Carl H. Anderson  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Alodia 6. (c) Age of husband or wife if alive 49 years  
 7. Birth date of deceased May 19 1891 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 6 26 hr. min.

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

10. Usual occupation Farmer (Maintenance)

11. Industry or business Mo. Highway Dept.

12. Name Wm Anderson

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

14. Maiden name Theresa Lynch

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

16. (a) Informant Alodia Anderson

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 12-17-47 (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Janner Service

(b) Address 702 Jefferson

19. (a) 12-17-47 (b) R. P. Dorris MD (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15 year 1947 hour 12 minute 40 P. M.  
 21. I hereby certify that I attended the deceased from Nov. 29-1947 to Dec. 15, 1947  
 that I last saw him alive on Dec. 15, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia Congestive Duration 2 wks.  
 Due to Nephrosclerosis & hypertension  
 Due to Arteriosclerotic heart disease Arteriosclerosis  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
 Of autopsy Confirmation - small granular kidneys & marked arteriosclerosis  
 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 Dr. Donald Hull, M.D. (For other) \_\_\_\_\_  
 Address 2299 E. High, Jefferson City, Mo. Date signed 12-16-47

RECEIVED  
District Health Officer No. 9,  
District No. \_\_\_\_\_  
Date Filed 6/24/53

AUG 25 1953

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 \_\_\_\_\_  
Donald P. Freeman, Registered Apprentice No. 481,  
working under my personal supervision.

Signed [Signature]  
Licensed Embalmer No. 3641  
P. O. Address [Signature]

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.