This is a legal record and will be permanently filed.

Birth No. 132....

Type or write legibly. Use black ink.

All items must be complete and accurate.

The undertaker, or person acting as such, is responsible for filing the completed certificate with registrar of the district where death occurred.

The physician last in attendance is required to state the cause of death and sign the medical certification.

If there was no doctor in attendance, medical certification to be completed by local Health Officer (or Coroner, if inquest was beld).

FORM 8 Rev. 1/49

١	Enter or Line for
ı	*This

NORTH CAROLINA STATE BOARD OF HEALTH

DEATH OF DEATH

EC 6 1957	CERTIF	TICATE	OF	DEAT
EGISTRATION 2 J 4C	REGISTRAR'S	1253		

20012

DISTRICT NO. 37-75 CER	RTIFICATE NO. 1900			29215	
a. COUNTY	nston e. LENGTH OF STAY (in this place)	2. USUAL RESIDENCE (Where dece a. STATE N. C.	b. COUNTY For sy	esidence before admission)	
OR TOWN Winston-Salem	Is Place of Death Within City Limits?	e. CITY OR TOWN Winston-Sa	Is Pla	ce of Residence Within City	
e. FULL NAME OF (If not in hospital or institution 407 Sheffiel		d. STREET ADDRESS or R. F. D. NO. 407 St	heffield Dr.		
3. NAME OF a. (First) DECEASED John	b. (Middle) Fred A	NDERSON	4. DATE (Month	(Day) (Year)	
	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 12-11-85		ER I YEAR IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Dentist Ret:	Dentistry	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY!	
Dr. John Fred Ande		14. MOTHER'S MAIDEN NAME Elizabeth Cheshire			
(Yes, no, or unknown) (If yes, give war or dates of s	ervice)	Mrs. J.F. Anderson,		lem, N. C.	
18. CAUSE OF DEATH Enter only one cause per Line for (a), (b), and (c) I. DISEASE OR COND DIRECTLY LEADIN	OITION Sui A L	AL By Shoot	£11.0	NET AND DEATH	
*This does not mean the mode of drains such Morbid conditions in	DUE TO (b) LOLL	The region of	the Heart		
the mode of dying, such as heart failure, as thenia, etc. It means the disease, injury, or complication which caused death. UNOTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
21a. ACCIDENT (Specify) 21b. home	PLACE OF INJURY (e.g., in or about e, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)		(STATE)	
21d. TIME (Month) (Day) (Year) (1 OF INJURY // 8 57 /6	Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	201. HOW DID INJURY OCCUR?			
22. I hereby certify that build cealed from D. 1 S.L. of the Good m., from the causes and on the date stated above.					
230. SIGNATURE V.M. Jer 9	Corous	war ustano	Salun	23c. DATE SIGNED //- 8 - 5 7	
24a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 24b. DATE 11-10-57	Salem Cemetery		ION (City, town, or cou	_	
DATE REC'D BY LOCAL REGISTRAR'S SIG	///	25. FUNERAL DIRECTOR	ADDR		

Frank Vogler & Sons, Winston-Salem, N. C.