

REC'D APR 18 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11639

Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway Registration District No. 630 602
 (b) Township Wright Primary Registration District No. 5832437 Registered No. 7
 (c) City Skidmore (d) Street No. 4380 437 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Helan Kay Anderson 536

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 15, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
67-

12. BIRTHPLACE (CITY OR TOWN) Skidmore, Mo.
(STATE OR COUNTRY)13. NAME Earl Marion Anderson14. BIRTHPLACE (CITY OR TOWN) Atichson County Mo.
(STATE OR COUNTRY)15. MAIDEN NAME Beryl Francis Dowling16. BIRTHPLACE (CITY OR TOWN) Hopkins, Mo.
(STATE OR COUNTRY)17. INFORMANT Earl Anderson,
(ADDRESS) Skidmore, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Hopkins, Mo. DATE Mar. 20, 193819. FUNERAL DIRECTOR Price Funeral Home
(ADDRESS) Maryville, Mo.20. FILED Mar 21, 1938 W. J. C. Manning Local Registrar 7561 (Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 19, 193822. I HEREBY CERTIFY, That I attended deceased from 3/15 1938 to 3/19 38I last saw him alive on 3/18 1938. Death is saidto have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Thyroid deathDate of onset 3/19/38

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. J. C. Manning M. D.

(Address) _____

STATEMENT BY LICENSED EMBALMER

I, John W. Price, Licensed Embalmer No. 3229

hereby certify that the body recorded on the reverse side of this certificate was embalmed by not

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed John W. Price
Licensed Embalmer No. 3229

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.)