

REC'D MAY 24 1938

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

15600

Do not use this space.

## 1. PLACE OF DEATH

(a) County Platte Registration District No. 713  
 (b) Township Galbreath Primary Registration District No. 4425 Registered No. ....  
 (c) City Waynesville (d) Street No. ....  
 (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

Eulene 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) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nord Anderson  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26 - 1917  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
20 10 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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 6

12. BIRTHPLACE (CITY OR TOWN) Marionville (STATE OR COUNTRY) Mo.

FATHER 13. NAME Carl S. Miller

14. BIRTHPLACE (CITY OR TOWN) Marionville (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Clara Manning

16. BIRTHPLACE (CITY OR TOWN) Marionville (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Nord Anderson

18. BURIAL, CREMATION, OR REMOVAL PLACE Marionville DATE 4/25

19. FUNERAL DIRECTOR (NAME) Ray Wagner (ADDRESS) Marionville, Mo.

20. FILED 4/25 1938 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/25 1938

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. .... alive on .... 19.... Death is said

to have occurred on the date stated above, at 7.45 m.

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

She Came to her Death.  
By Drinking Corrosive Acid.

Other contributory causes of importance: 163-

Name of operation --- Date of ---

What test confirmed diagnosis? --- 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? At home (Specify city or town, county, and State)

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

Manner of injury Drinking Corrosive Acid

Nature of injury ---

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

If so, specify ---

(Signed) Dr. J. P. Cooper M. D.

(Address) Richland Mo

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**