

REC'D JUN 9

1938

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

17280
Do not use this space.

Registered No. 1977

1. PLACE OF DEATH

(a) County Jackson Registration District No. 359
 (b) Township Lea Primary Registration District No. 1002
 (c) City St. C. Mo (d) Street No. 1820 Express 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

(a) Residence, No. 1820 Express 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 Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
69 11 26 00

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

FATHER 13. NAME Wm. Peterson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

MOTHER 15. MAIDEN NAME Anderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anderson

17. INFORMANT (ADDRESS) Fred Anderson
1820 Express

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE May 14, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Barrett & Beidner

20. FILED May 13, 1938 M. M. Crow
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 7 - 1938, to May 13, 1938
 I last saw her alive on May 12, 1938. Death is said to 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:

Broncho-Pneumonia Date of onset 5-9-38
g201

Other contributory causes of importance: Coronary Arteriosclerosis 4-7-38

Name of operation None 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? (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? No

If so, specify

(Signed) W. R. Hewitt, M. D.

(Address) 1229 Kessler Ave.

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.