

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

25561
 Do not use this space.

AUG 24 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 400
 (b) Township Prairie Primary Registration District No. 3353 B
 (c) City Little Blue Mo (d) Street No. Grakson Co Home Registered No. 166
 (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

BESSIE ANDERSON 536
 (a) Residence, No. 2437 Woodland 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

MEDICAL CERTIFICATE OF DEATH 5:40 Pm

3. SEX Fe 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-30-38 1938

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

22. I HEREBY CERTIFY That I, attended deceased from July 20, 1938, to July 30, 1938
 last saw her alive on July 31, 1938. Death is said to have occurred on the date stated above, at.....m.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
about 41

Date of onset

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. unemployed
 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 9

Cerebral
hemorrhage
 Other contributory causes of importance: Paralytic

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

Name of operation By Dr Date of no
 What test confirmed diagnosis By Dr Was there an autopsy? no

FATHER 13. NAME Don't know

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Don't know

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) County Home Records Little Blue Mo

18. BURIAL, CREMATION, OR REMOVAL Central School of Osteopathy 8-4-38

19. FUNERAL (CITY OR TOWN) (ADDRESS) Wescent Street KC Mo

20. FILED August 6, 1938 William J. Fields
 Local Registrar.

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. Brooker, M. D.
 (Address) 2028 - 1st St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

EMERALD VALLEY CHAMBER OF COMMERCE
PUBLIC HEALTH DEPARTMENT
HEALTH DEPARTMENT

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, Edw J Evans

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed Edw J Evans

Licensed Embalmer No. 3836

P. O. Address 1819 E 15th St N 67A

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.