

REC'D DEC 13 1938

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

38658
Do not use this space.

1. PLACE OF DEATH

(a) County BUCHANAN Registration District No. 85

(b) Township WASHINGTON Primary Registration District No. 100

(c) City ST. JOSEPH, Mo. (d) Street No. ST. JOSEPH HOSPITAL 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 20 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MAMIE H. ANDERSON

(a) Residence, No. 5405 SWIFT ST. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF GEORGE P. ANDERSON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST 9, 1887

7. AGE YEARS 51 MONTHS 3 DAYS 13 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GRAHAM, MISSOURI

13. NAME WILLIAM SHOEMAKER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN, IOWA

15. MAIDEN NAME MARY PRESNELL

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN, INDIANA

17. INFORMANT GEORGE P. ANDERSON (ADDRESS) 5405 SWIFT ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE Graham Mo DATE 11-25-38

19. FUNERAL DIRECTOR (ADDRESS) FLEEMAN & SON INC. 1946 COLHOUN ST. JOSEPH, MO.

20. FILED Nov 24 1938 Alex Westebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1938, to Nov. 22, 1938

I last saw HER alive on Nov. 22, 1938 Death is said to have occurred on the date stated above, at 11:00 P. M.

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

Pituitary Cachexia

Myocardial Failure

Other contributory causes of importance:

Name of operation None Date of None

What test confirmed diagnosis? Histology Was there an autopsy? yes

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 None

(Signed) Maxwell Day, M. D.

(Address) 214 N. 7th, St. Joseph

Date of onset unknown

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

STATEMENT BY LICENSED EMBALMER

I, JOHN E. RUPP, Licensed Embalmer No. 3986

hereby certify that the body recorded on the reverse side of this certificate was embalmed by MYSELF

L. E.

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

working under my personal supervision.

Signed

John E. Rupp

Licensed Embalmer No. 3986

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.)