

RECEIVED FEB 25 1939

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

3147  
Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 574  
(b) Township Linn Primary Registration District No. 4338  
(c) City 1 or (d) Street No. 577<sup>2</sup>A 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Rachel Henrietta Anderson  
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 Andrew Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24 - 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
77 1 13

OCCUPATION 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Candlen Co., Mo.

FATHER 13. NAME Emerson Mullins

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

MOTHER 15. MAIDEN NAME Helen Carver

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

17. INFORMANT Mrs Fred Hayes (ADDRESS) Jacksonport Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem DATE 2/7

19. FUNERAL DIRECTOR (NAME) (ADDRESS) William D. ... California Mo

20. FILED Feb 9 1939 Mrs Abbie Orval Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-17 1939 to 2-6 1939  
I last saw her alive on 2-2 1939 Death is said to have occurred on the date stated above, at 69 m.  
The principal cause of death and related causes of importance were as follows:

Pneumo Pneumonia 1/29/39  
Other contributory causes of importance: Influenza 1/26/39

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? \_\_\_\_\_ (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) Rob Meredith, M. D.  
502 (Address) Frank House No

Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important.

**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 *NE Friedmeyer*

Licensed Embalmer No. *2854*

P. O. Address *California m*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**