

Dec 0 JUL 15 1939

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

22831
Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway Registration District No. 625
 (b) Township _____ Primary Registration District No. 3031 Registered No. 87
 (c) City Marionville (d) Street No. St. Francis 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 536
 2. PRINT FULL NAME Child of Mr & Mrs. Ralph 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

3. SEX F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
Stillborn

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) Marionville, Mo
 (STATE OR COUNTRY)

13. NAME Ralph N Anderson

14. BIRTHPLACE (CITY OR TOWN) Atchison, Mo
 (STATE OR COUNTRY)

15. MAIDEN NAME Cletta M. Trueblood

16. BIRTHPLACE (CITY OR TOWN) Nodaway
 (STATE OR COUNTRY) County, Mo

17. INFORMANT (ADDRESS) Ralph N Anderson
5 Redmore, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Marion Cemetery DATE _____

19. FUNERAL DIRECTOR (NAME) Prier Fenwick Hays
 (ADDRESS) Marionville, Mo

20. FILED 6-29 19 39 Maui E. Clardy
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1939

22. I HEREBY CERTIFY that I attended deceased from June 27, 1939 to June 27, 1939

I last saw him at St. Francis Hospital Death is said to have occurred on the date stated above, at 11 AM.

The principal cause of death and related causes of importance were as follows:
Death during birth in a Breech position.

Other contributory causes of importance:
Mother was a primipara 36 yrs of age

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

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) Chas. P. Bell, M. D.
556 (Address) Marionville, Mo

WRITE CLEARLY, 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.

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RECEIVED

District Health Officer No. 111

District File Number 739-861

Date Tiled JUL 13 1939

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.....

not embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed

Clem M. Pisci

Licensed Embalmer No. 1822

P. O. Address Marjorie Mc

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.