

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

29898

Do not use this space.

REC'D SEP 21 1939

## 1. PLACE OF DEATH

(a) County Pettis Registration District No. 668  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3032  
 (c) City Sedalia (d) Street No. 1204 So. Ohio Registered No. 242  
 (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 53/2 Mary Anderson

(a) Residence, No. 1204 So. Ohio 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 6/39, 195A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. W. Anderson22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1939 to Aug 6, 1939

I last saw him alive on Aug. 6, 1939. Death is said to have occurred on the date stated above, at 12:30 P.  
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 9 8

Terminal pneumonia follow  
chronic indurative  
subacute  
effusion  
hem

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

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

Other contributory causes of importance:  
arterio-sclerosis  
hypertension

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME Isaac Crew14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Isabelle Head16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK17. INFORMANT (ADDRESS) Helen Anderson  
Boonville, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Longwood, Mo. DATE Aug. 8, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Gillespie Funeral Home  
Sedalia, Mo.20. FILED 8-8- 1939 Mrs Harry Sneed  
Local Registrar

Name of operation none Date of none  
 What test confirmed diagnosis? chem Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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. S. Sneed, M. D.  
 (Address) Sedalia, Mo.

HEALTH OFFICER NO. 8,  
FILE NUMBER  
6/7/39

**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 Geo Hillard

Licensed Embalmer No. 3868

P. O. Address Seaside, Ore

**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.**