FILED FEB 13 1940

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

3215
Do not use this space.

1. PLACE OF DEATH
(a) County Newton 2 Registration District No. 611
(b) Township Seneca Primary Registration District No. 5812 Registered No.
or
(c) City (d) Street No. 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.

2. PRINT FULL NAME 536 THERESIA ANDERSON.
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (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): Widdow
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: W. J. Anderson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 4 - 1855
7. AGE: YEARS 84 MONTHS 3 DAYS 27 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: House Wife
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): Kulm Germany 6

FATHER
13. NAME: Andrew Pfeiffer 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 6

MOTHER
15. MAIDEN NAME: Barba Rottler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs Mammie Peterson Seneca Mo. R. 2
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Burkhart Cemetery DATE: Jan. 3, 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS): B. W. Bunnard Seneca Mo.
20. FILED: Jan 10, 1940 Merle Sparlin 545 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 1, 1940
22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1939, to Jan 1, 1940
I last saw her alive on Dec 20, 1939. Death is said to have occurred on the date stated above, at 8:25 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis (Chronic) | |
| 93C | |

Other contributory causes of importance:

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. None
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W C Barnard, M. D.
(Address) Seneca Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X16605

RECEIVED
District Health Officer No. 6
District File Number 240 — 387
Date Filed FEB 10 1940

## 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 me, Registered Apprentice No. ....., working under my personal supervision.

Signed B. W. Buzzard

Licensed Embalmer No. 2334

P. O. Address Seneca Mo.

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

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