

FILED FEB 12 1940

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

3955

Do not use this space.

1. PLACE OF DEATH

(a) County Schuyler Registration District No. 842
 (b) Township Downing Primary Registration District No. 411
 (c) City Downing (d) Street No. _____
 (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

Mary Lucinda 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED—HUSBAND OF (OR) WIFE OF Jessie Anderson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21 1863
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 6 29
 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. House wife
 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) Scotland Co. Mo.

FATHER 13. NAME James H. Wright

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

MOTHER 15. MAIDEN NAME Mary Clements

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Orval Anderson.
Downing Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Downing DATE January 22, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lloyd Moore
Downing Mo.

20. FILED Jan 25 1940 H. E. Erdwig
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 20, 1940

22. I HEREBY CERTIFY That I attended deceased from January 14, 1940 to January 18, 1940
 last saw her alive on January 18, 1940 Death is said to have occurred on the date stated above, at 10:50 a.m.
 The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation Date of onset _____

Other contributory causes of importance: 92%

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? No

If so, specify _____

(Signed) H. E. Erdwig, M.D.

(Address) Downing, Mo.

RECEIVED

District Health Officer No. 10

District File Number 2-40-348

Date Filed FEB 8 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. 3151
working under my personal supervision.

Signed

Lloyd Moore

Licensed Embalmer No. 3151

P. O. Address Downing mo.

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.