

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. G. G. G. 21087

State File No.

Registration District No. 102

Primary Registration District No. 3002

Registrar's No. 76

1. PLACE OF DEATH:

- (a) County Andrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 57 years
(years, months or days)

3. (a) PRINT

FULL NAME Mary Elizabeth Anderson

3. (b) If veteran,

name war _____

3. (c) Social Security

No. None

4. Sex female

5. Color or

race white

6. (a) Single widowed, married,
divorced _____

6. (b) Name of husband or wife
Thos. Anderson, Dec.

6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased Oct. 16-1867-

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

72

7

24

hr.

min.

9. Birthplace Sanita Mo.

(City, town, or county)

(State or foreign country)

10. Usual occupation Retired Housewife

11. Industry or business

12. Name Thaddus Combs

13. Birthplace Key

(City, town, or county)

(State or foreign country)

14. Maiden name Minnie Wilcox

15. Birthplace Key

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature Minnie Bradford

(b) Address Mexico Mo. 608 N. Clark

17. (a) Burial

(b) Date thereof 6-13-1940

(Burial, cremation, or removal)

(Month)

(Day)

(Year)

(c) Place: burial or cremation Mexico Mo.

18. (a) Signature of funeral director McPherson Bros.

(b) Address Mexico Mo.

19. (a) June 12-1940

(b) Blanche Neely

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Andrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 608 N. Clark
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1940 hour 2 minute 20 P.M.

21. I hereby certify that I attended the deceased from
6-7- 1940 to 6-10- 1940
that I last saw her alive on 6-10- 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma uterine

Duration

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____

(Specify type of place)

(e) Means of injury _____

23. Signature Frank Kelly

(M. D. or other)

Address Mexico Mo

Date signed 6/12/40

RECEIVED

District Health Officer No. 10

District File Number 7-40-1390

Date Filed JUL 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.....

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

Signed.....

Licensed Embalmer No. 1133

P. O. Address Quincy, Mass.

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.