DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34696

FILED NOV 12 1940

Registration District No. 24

Primary Registration District No. 5033

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Rural Missouri

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community 8 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

(c) City or town Laddonia Rural

(If outside city or town limits, write "RURAL")

(d) Street No. 0

(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME SALLIE JANE 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 Widow

6. (b) Name of husband or wife A C Anderson

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

7. Birth date of deceased Aug 1 1869 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
71	2	28	hr. mln.

9. Birthplace Morristown (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation House wife

11. Industry or business HOME

FATHER

12. Name Robert Harrell

13. Birthplace (City, town, or county) Tenn. (State or foreign country)

MOTHER

14. Maiden name Mahulda Dalton

15. Birthplace (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Mrs Hilda Nichols

(b) Address Laddonia Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct 31-1940 (Month) (Day) (Year)

(c) Place: burial or cremation New Florence, Mo

18. (a) Signature of funeral director H. G. Grainger

(b) Address Laddonia, Mo

19. (a) 10-31-1940 (Date received local registrar) (b) W K McCall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29 year 1940 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct. 8, 1940 to Oct. 29, 1940; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	2 Weeks
Due to Chronic Arthritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W K McCall M.D. (M. D. or other)

Address Laddonia Mo. Date signed 10-31-40

(Licensed Embalmer's Statement on Reverse Side)

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 H. G. Grainger, Registered Apprentice No. .....

working under my personal supervision.

Signed H. G. Grainger

Licensed Embalmer No. 1297

P. O. Address Caddo Mills, T

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, fact should be so stated above.