

STANDARD CERTIFICATE OF DEATH

NOV 19 1940 35232
State File No.

Registration District No. 259

Primary Registration District No. 4173

Registrar's No. 59

1. PLACE OF DEATH:

- (a) County Shannon
(b) City or town Malden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether

In this community. years, months or days)

3. (a) PRINT FULL NAME Barbara Len Anderson

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex female 5. Color or race wht. 6. (a) Single, widowed, married, divorced.

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if

7. Birth date of deceased Jan. 27, 1939
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
21 3 hr. min.9. Birthplace Malden, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name John Wm Anderson13. Birthplace McKinley, Mo.
(City, town, or county) (State or foreign country)14. Maiden name Janetta Michael15. Birthplace Wheelstadt, Mo.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Janetta Michael(b) Address Malden, Mo.17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-21-40
(Month) (Day) (Year)(c) Place: burial or cremation Park Cemetery18. (a) Signature of funeral director Mr. Dan Baird(b) Address Malden, Mo.19. (a) 10/31/40 (Date received local registrar) (b) Dr. Mitchell (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Shannon
(c) City or town Malden, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30
year 40 hour 7 minute 0 P.M.21. I hereby certify that I attended the deceased from Oct. 21, 1940, to Oct. 30, 1940
that I last saw her alive on Oct. 30, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Chorea of Ling DurationDue to foreign substance in
thoracic cavity not removed
Due to to 4 in.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no

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 Dr. J. C. Carlton (M.D. or other) DOAddress Malden Date signed MO

RECEIVED

District Health Officer No. 2

District File Number 1140-168

Date Filed 11/12/40

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.....

P. O. Address.....

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.