

No. 2
4-1-40
-15
K23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35989

Registration District No. 7928

Primary Registration District No. 28799

Registrar's No. 6

1. PLACE OF DEATH:
 (a) County Perry
 (b) City or town Rural----- Bois Brul- Tw
(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 49-7-20
years, months or days)

3. (a) PRINT FULLNAME Rosa M. 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 Married
 6. (b) Name of husband or wife Elliot L. Anderson
 6. (c) Age of husband or wife if alive 53 years
 7. Birth date of deceased March 20 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>7</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name Peter Yeager

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

14. Maiden name Perry Co. Missouri
(City, town, or county) (State or foreign country)

15. Birthplace Elliot L. Anderson
(City, town, or county) (State or foreign country)

16. (a) Informant Mc Sule ma

17. (a) Burial (b) Date thereof Nov. 13 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo.

19. (a) Nov 12 (b) Elmo Elder
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Perry
 (c) City or town 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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11
 year 1940 hour 1 minute 50 A.M.

21. I hereby certify that I attended the deceased from June 26 1940 to Nov. 11 1940
 that I last saw h. ER alive on Nov. 10 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy.

Due to Hypertension

Due to Arteriosclerosis

Other conditions SAW
(Include pregnancy within 3 months of death)

Major findings: SAW
 Of operations _____

Of autopsy _____

Duration
<u>3 days</u>
<u>4 yrs</u>
<u>4 yrs</u>

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? 5 11 10
(Specify type of place)

While at work _____ (e) Means of injury _____

23. Signature Oscar Carn (M. D. or other) _____

Address Perryville Mo Date signed 11-11-40

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

MOTHER FATHER

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 *Wallace Young*.....

Licensed Embalmer No. *4027*.....

P. O. Address *Perryville, 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, fact should be so stated above.