S. No. 2
—11-10-39
. 5-17-39
I X21492

8

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36622

Registration District No. 875 Primary Registration District No. 6162 Registrar's No. 248

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp # 3 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs 2 mo (Specify whether years, months or days)
In this community Same

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Johnson
(c) City or town Warrensburg (If outside city or town limits, write "RURAL")
(d) Street No. R R (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Susan Dedrick
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 DK 6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased DK (Month) DK (Day) 1863 (Year)

8. AGE: Years 77 Months DK Days DK If less than one day ____ hr. ____ min.

9. Birthplace Monroe County (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
FATHER 12. Name Addison Anderson
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Catherine McDowell
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Hosp. Rec.
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 11, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation State Hosp Cemetery
18. (a) Signature of funeral director Allen V. Hays
(b) Address Nevada, Mo.
19. (a) Oct 11, 1940 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day ninth year 1940 hour 2 minute 45 A. M.
21. I hereby certify that I attended the deceased from Nov. 15, 1938, to Oct. 9, 1940, that I last saw her alive on Oct. 9, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pernicious anemia	
Due to: Manic depressive psychosis	
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 Wm. J. Cramer (M. D. or other)
Address Nevada Date signed 10/10/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 11-40-1517
Date Filed 11-4-40

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 Allen V. Hoaya
Licensed Embalmer No. 1968
P. O. Address Nevada, 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.