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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41782

Registration District No. 72 — Primary Registration District No. 4041 — Registrar's No. 1

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

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Centralia (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 ... In this community all of her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Boone
(c) City or town Centralia (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.

3. (a) PRINT FULL NAME MARGARET TORNAR ANDERSON
3. (b) If veteran, name war ✓
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife A. S. Anderson
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Sept (Month) 4 (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
64	3	17	hr. ... min.

9. Birthplace Pettis Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation housekeeper
11. Industry or business ...
MOTHER FATHER
12. Name H. J. Tornar
13. Birthplace Boone Co Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name M. E. [redacted] Jones
15. Birthplace Clermont Co Ohio (City, town, or county) (State or foreign country)
16. (a) Informant ...
(b) Address ...
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 12/22-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Centralia, Mo. Sec.
18. (a) Signature of funeral director W. M. McDonald
(b) Address Centralia Mo
19. (a) 12-22-1940 (Date received local registrar) (b) F. H. Bandon, M.D. (Registrar's signature)
1/6/41

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21st year 1940 hour 12 noon minute 30 P.M.
21. I hereby certify that I attended the deceased from Aug 1940 to Dec 21st 1940 that I last saw h[illegible] alive on 12/21/40 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerosis with frequent small Cerebral Hemorrhages.	4 months
Due to	
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? ...
While at work? (Specify type of place) Means of injury ...
23. Signature Frank M. Anderson (M. D. or other)
Address Centralia Date signed 12/24/40

(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 .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed W. J. McDonald

Licensed Embalmer No. 2589

P. O. Address Centralia Wn

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.