

FILED FEB 17 1941

Registration District No. 190

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4113

State File No. 2228

Registrar's No. 4

I. PLACE OF DEATH:

(a) County. Clark  
(b) City or town. Rubena  
(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. 13 yrs. (Specify whether years, months or days)

In this community. 13 yrs.

8. (a) PRINT FULL NAME Mamie E. Anderson

3. (b) If veteran, name war..... 8. (c) Social Security No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife D. Anderson 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Feb. 20-1883  
(Month) (Day) (Year)

8. AGE: Years 57 Months 11 Days 3 If less than one day hr. min.

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

10. Usual occupation Housekeeping

11. Industry or business

12. Name Edward R. Perez

13. Birthplace Emburend 4  
(City, town, or county) (State or foreign country)

14. Maiden name Anderson

15. Birthplace Emburend 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas D. Anderson

(b) Address Rubena Mo.

17. (a) Burial (b) Date thereof Apr. 26-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quintessence Co.

18. (a) Signature of funeral director Arthur J. Reed

(b) Address Rubena Mo.

19. (a) 1-26-41 (b) J. R. Bridges  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clark

(c) City or town Rubena  
(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? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23  
year 1941 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 20 1941 to Jan 23 1941  
that I last saw him Jan 23 alive and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to.....

Due to.....

Due to.....

Other conditions 44  
(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? 174  
(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 J. R. Bridges (M. D. or other) D  
Address Rubena Mo.

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

RECEIVED

District Health Officer No. 10

District File Number 2-41-330

Date Filed FEB 14 1941

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.....

Jan. 23 - 1941....., Registered Apprentice No.....  
working under my personal supervision.

Signed Oliver L. Luttinger

Licensed Embalmer No. 2965

P. O. Address Luray Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.