

No. 2
4-18-40
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K23159

APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11365

State File No. _____

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Elizabeth
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Hannibal
(If outside city or town limits, write "RURAL")

(d) Street No. 210 South Ninth
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Lutie Mae Anderson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1941 hour 7 minute 15 A. M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marvin Anderson 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased July 20, 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 1 1941 to Mar 3 1941; that I last saw her alive on Mar 3 1941; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

<u>58</u>	<u>7</u>	<u>13</u>	hr. min.
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Immediate cause of death Angina pectoris

Due to 99H

Due to chr myocardi

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife

11. Industry or business _____

Major findings: Of operations 111

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name J.H. Blincoe

13. Birthplace New Market Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Ann Mitchell

15. Birthplace New Market Missouri
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Charles L. Buer

(b) Address 715 Lyon

17. (a) Burial (b) Date thereof 3/6/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monroe City Missouri

18. (a) Signature of funeral director Terence Smith

(b) Address 902 Broadway 488

19. (a) March 5, 1941 (b) M. C. Fisher
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. J. Keub (M. D. or other) MD

Address 100 1/2 Bluff Mountain Date signed 3/5/41

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

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 *James A. Moles*.....
Licensed Embalmer No..... 3296

P. O. Address Hannibal Missouri.....

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.