

APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12419

Registration District No. 908

Primary Registration District No. 6222

Registrar's No. 9.

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Norwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RURAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community years, months or days

3. (a) PRINT FULL NAME Ligetta Anderson

3. (b) If veteran, name war _____ 3. (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 Elyah Anderson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased aug. 10 - 1873
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name J. Lathrelly

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

14. Maiden name Wesley Tooley

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

16. (a) Informant Elyah Anderson

(b) Address Norwood, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 11-41
(Month) (Day) (Year)

(c) Place: burial or cremation Den. Low

18. (a) Signature of funeral director Russell Barber

(b) Address mta house, mo.

19. (a) 3-1-41 (Date received local registrar) (b) Bernice W. Hargrave (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright
(c) City or town Norwood (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. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10 year 1941 hour 11:00 minute 0 M.

21. I hereby certify that I attended the deceased from 1st to Feb 10 1941

that I last saw her alive on Feb - 8 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Insufficiency

Ill -

Due to Ill -

Due to Ill -

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

831 (Specify type of place) While at work? (e) Means of injury

23. Signature Ligetta Anderson (M. D. or other)

Address Norwood

Date signed 2/11/41

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

441-668
APR 16 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

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.