

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAY 23 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15636

State File No. \_\_\_\_\_

Registration District No. 735

Primary Registration District No. 59570

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town near Moberly "Rural"  
(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 \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Mary Sue 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 Andrew S. Anderson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec 14 1863  
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 21 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace \_\_\_\_\_ (City, town, or county) Mo (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name John Shoemaker  
13. Birthplace Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Patience Ruttle  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant A. S. Anderson  
(b) Address R. F. D. Moberly  
17. (a) Rural (b) Date thereof Apr 7 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahan and Son  
(b) Address Moberly Mo  
19. (a) Apr 7-41 (b) Paul Williams  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
(c) City or town Ship of Sugar Creek  
(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 Apr day 5th  
year 1941 hour 1 minute 50 P. M.

21. I hereby certify that I attended the deceased from Aug 20, 1936 to April 5, 1941;  
that I last saw her alive on April 5, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 12 hrs

Due to Bronchial Asthma 15 yrs

Due to Acute Bronchial Asthma 7 days

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) no  
(b) Date of occurrence no  
(c) Where did injury occur? no (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

9-2-5 (Specify type of place) While at work (e) Means of injury

23. Signature Burj. S. Jolly D.O. (M. D. or other) 9  
Address 201 W. Reed Moberly, Mo Date signed 4-6-41

RECEIVED

District Health Officer No. 10

District File Number 5-41-1039

Date Filed MAY 20 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.....

*Frank B. With*

Licensed Embalmer No. 3091

P. O. Address Moberly 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, fact should be so stated above.