

FILED JUN 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18604

Registration District No. 651

Primary Registration District No. 4888

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Pemissac
(b) City or town Caruthersville
(c) Name of hospital or institution:
202 E. 14th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓
(Specify whether years, months or days) 50 years

3. (a) PRINT FULL NAME Maggie L. Anderson

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

4. Sex 3 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife George W. Anderson 6. (c) Age of husband or wife 63
7. Birth date of deceased January 27, 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 3 24 hr. min.

9. Birthplace Louisport / Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Richard Ray

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

14. Maiden name Mandy French

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

16. (a) Informant George W. Anderson

(b) Address about Caruthersville, Mo.

17. (a) Burial (b) Date thereof May 23, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Prairie Cem.

18. (a) Signature of funeral director Latane Ind. Co.

(b) Address Caruthersville

19. (a) May 22, 1941 (b) Ada Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemissac 78
(c) City or town Caruthersville 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 202 E. 14th St.
(If rural, give location) 0
(e) If foreign born, how long in U. S. A? ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1941 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from March
11, 1941, to May 21, 1941;
that I last saw him alive on May 21, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis
(non epidemic)
Due to _____
Due to _____

Other conditions gout
(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?

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

23. Signature J. V. Phipps (M. D. or other) ✓
Address Caruthersville, Mo. Date signed 5-22-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

585

(Licensed Embalmer's Statement on Reverse Side)

6-41-8

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.....

J. S. Schuman

Licensed Embalmer No. 4086

P. O. Address Canterbury, N.H.

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.