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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19731 17434
State File No. 194-

Fuerth

Registration District No. 124 Primary Registration District No. 5009 Registrar's No. 194-

1. PLACE OF DEATH:
(a) County. Cape Girardeau
(b) City or town. Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 week (Specify whether
In this community. years, months or days)

3. (a) PRINT FULLNAME Minnie Anderson
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced Widdowed
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased 12 10 1870 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 80 55 88 hr. min.

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

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER { 12. Name John F. Kluge
13. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)
14. Maiden name Thresa Striet
15. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Percy Anderson
(b) Address Sikeston Mo.

17. (c) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/41 (Month) (Day) (Year)
(c) Place: burial or cremation Sikeston Mo.

18. (a) Signature of funeral director John Allbritt
(b) Address Sikeston Mo.

19. (a) 5-20-41 (Date received local registrar) (b) J. Thompson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scott
(c) City or town Sikeston (If outside city or town limits, write "RURAL")
(d) Street No. 339 Matthews Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 5 day 18 year 1941 hour 7 minute 45 p.m.
21. I hereby certify that I attended the deceased from 5-17 to 5-18 1941
that I last saw him alive on 5-17 and that death occurred on the date and hour stated above.
Immediate cause of death

Due to Myocarditis Ch
Due to Nephritis Ch
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations NONP 12/18
Of autopsy Nephritis Ch
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? (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 A. Smith (M. D. or other) Date signed 5/20/41
Address Sikeston Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

John Albritton

Licensed Embalmer No. *2941*

P. O. Address *Bickerton*

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, fact should be so stated above.