

No. 2  
1-4-41  
-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **35698**

FILLED NOV 13 1941  
Registration District No. **114**

Primary Registration District No. **5869**

Registrar's No. **16**

1. PLACE OF DEATH:

(a) County **Jackson**  
 (b) City or town **Galena**  
 (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 \_\_\_\_\_  
 In this community **4 years**  
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Monroe**  
 (c) City or town **Rural**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **Near Portageville**  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Nora Anderson**  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. **✓**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **10**  
 year **1941** hour **9** minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_  
 19 **4** to **10/10/41**  
 that I last saw him **alive** on **10/9**  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death **Chronic Nephritis** Duration **3 or 4 years**

4. Sex **Female** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Widowed**  
 6. (c) Age of husband or wife if alive **deceased** years **1887**  
 7. Birth date of deceased (Month) (Day) (Year)

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

8. AGE: Years **54** Months \_\_\_\_\_ Days \_\_\_\_\_  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) **1 Ark.** (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **Anderson**

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

14. Maiden name **Anderson**

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

16. (a) Informant **Prince Anderson**

(b) Address **Portageville Mo R.H. 2**

17. (a) **Buried** (b) Date thereof **10-12-1941**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hayward Cemetery**

18. (a) Signature of funeral director **Frinds**

(b) Address \_\_\_\_\_

19. (a) **Oct 23, 1941** (b) **Mary W. Cook**  
 (Date received local registrar) (Registrar's signature)

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 **L. D. Denton** (M. D. or other) **MD**  
 Address **Hayti, Mo** Date signed **10/11/41**

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

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

5. (Licensed Embalmer's Statement on Reverse Side)

1941-

11-41-25

**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.....

*Not Embalmed.*

....., 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.**