

Registration District No. 491

Primary Registration District No. 5656

Registrar's No.

1. PLACE OF DEATH:

(a) County LINCOLN

(b) City or town MOSCOW MILLS, W.A.A.
(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 1 (Specify whether years, months or days)

3. (a) PRINT FULL NAME CLARA BELLE 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 CASPER ANDERSON

6. (c) Age of husband or wife if alive years (Day) (Year) 28 1871

7. Birth date of deceased JAN 28 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>10</u>	<u>1</u>	hr. min.

9. Birthplace OWEN STATION MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business OWN HOME

12. Name J. W. OWENS

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

14. Maiden name SARAH CATHERINE HILL

15. Birthplace LINCOLN Co MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Owen Anderson

(b) Address Moscow Mills Mo.

17. (a) BURIAL (b) Date thereof 12, 1, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anderson Hill Cem.

18. (a) Signature of funeral director Kemper Funeral Home

(b) Address Box 110 B of B Marsh

19. (a) 12-30-41 (b) M. Pearl Mueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINCOLN

(c) City or town Moscow Mills
(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 Nov day 29 year 1941 hour 11:55 minute 2 M.

21. I hereby certify that I attended the deceased from December 1939 to Nov. 29, 1941, that I last saw her alive on Nov. 29, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to Hypertension

Due to Arterio-sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 830

Of autopsy No

Duration 6 weeks

Duration 6 years

Duration 6 years

Duration

6 weeks

6 years

6 years

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)

(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) (a) Means of injury

23. Signature J. Leussch (M. D. or other) J

Address 1109 N. W. 1st Date signed Nov 30, 41

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

5700

05700

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. *3932*

P. O. Address..... *Proy Missouri*

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.