

JAN 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43227

Registration District No. 878

Primary Registration District No. 4531

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Sheldon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 35 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Sheldon Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EMELINE-GURTRUDE-ANDERSON

3. (b) If veteran, name war 1
3. (c) Social Security No. None

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wells Anderson
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 27 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 18
If less than one day _____ hr. _____ min.

9. Birthplace Morgan Co Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Samuel H. Legg

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

14. Maiden name Sarah Messett

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

16. (a) Informant Wells Anderson

(b) Address Sheldon Mo

17. (a) Burial (b) Date thereof Dec 16 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheldon Centry

18. (a) Signature of funeral director G. B. Beery & Sons

(b) Address Sheldon Mo

19. (a) 12-16-41 (b) Caual T. Beery
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15
year 1941 hour 10:30 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 15 1939 to April 15 1939
that I last saw her alive on April 15 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Lobular Pneumonia
Due to Parkinson's Disease

Due to _____
Other conditions (Include pregnancy within 3 months of death) 87C

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 Thomas G. Duckett (M. D. or other) MD
Address Sheldon Mo. Date signed 12/16/41

Duration

_____ ?

_____ ? year

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 12-41-2144

Date Filed 1-8-42

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.....

Carroll T. Beery....., Registered Apprentice No.....
working under my personal supervision.

Signed Carroll T. Beery.....

Licensed Embalmer No. 2385.....

P. O. Address Sheldon 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.