

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **3127**

FILED FEB 11 1942

Registration District No. **668**

Primary Registration District No. **3032**

Registrar's No. **24**

1. PLACE OF DEATH:

(a) County **Pettis**  
(b) City or town **Sedalia**  
(c) Name of hospital or institution: **Hos. of Deaconess 722 E 13**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **21** days (Specify whether years, months or days)  
In this community **Pettis Co. Mo. 70 years**

2. (a) PRINT FULL NAME

**Elizabeth Anderson**

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **Male**

5. Color or race **White**

6. (a) ~~Single~~, widowed, married, divorced **2**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **7** years

7. Birth date of deceased **Nov 7 1856**

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

**85**

**2**

**8**

hr.

min.

9. Birthplace

**Cherona**

**Ill**

(City, town, or county)

(State or foreign country)

10. Usual occupation

**FARMER**

11. Industry or business

MOTHER FATHER

12. Name

**Geo. Anderson**

13. Birthplace

**Lincolnshire England**

(City, town, or county)

(State or foreign country)

14. Maiden name

**Mary Robinson**

15. Birthplace

**Illinois**

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

**W. E. Best**

(b) Address

**722 East 13th St Sedalia Mo**

17. (a) **Burial**

(b) Date thereof

**1-18-42**

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

**Graves Ridge Mo**

18. (a) Signature of funeral director

**W. E. Best**

(b) Address

**Graves Ridge Mo**

19. (a) **1-16-42**

(b) **Madame Burger**

(Data received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Pettis**  
(c) City or town **Sedalia**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1403 East 4th St**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? **15** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **15** year **1942** hour **9** minute **30** M.

21. I hereby certify that I attended the deceased from **1-15-42** to **1-15-42**, 19**42**  
that I last saw him alive on **1-15-42**  
and that death occurred on the date and hour stated above.

Immediate cause of death

**Serulity**

Duration **3 months**

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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)

(e) Means of injury

23. Signature

**W. E. Best**

(M. D. or other)

Address

**Sedalia Mo**

Date signed

**1-16-42**

RECEIVED

Int Health Officer No. 8,

Is Number.....

2-10-42

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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.....

L. L. Rasm  
Licensed Embalmer No. 1881

P. O. Address..... Green Ridge 940

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, above space should be left blank.