

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

3733

Do not use this space.

FILED FEB 16 1942

**1. PLACE OF DEATH**

(a) County Saline Registration District No. 7.9.6  
(b) Township Marshall Primary Registration District No. 3.0.3.8 Registered No. 1211  
(c) City Marshall (d) Street No. 2nd Missouri State School St. 1  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. Below Missouri St. ☐ (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16-1919  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
22 10 30

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adrian Missouri

FATHER 13. NAME E. X. Anderson  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayetteville Mo

MOTHER 15. MAIDEN NAME Nancy Gertrude Gillilan  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adrian Mo

17. INFORMANT (ADDRESS) State School Records Marshall

18. BURIAL, CREMATION, OR REMOVAL PLACE Belton Mo DATE Jan 15-1942

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Carroll H. Davis Marshall Mo

20. FILED 1-13-42 Deputy Reg.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13, 1942

2. I HEREBY CERTIFY That I attended deceased from August 15, 1941 to January 13, 1942  
I last saw him alive on January 3, 1942 Death is said to have occurred on the date stated above, at 7 p.m.  
The principal cause of death and related causes of importance were as follows:

Acute Myocarditis Date of onset Jan 13

Other contributory causes of importance 93a  
Mongolian St. (longitudinal)

Name of operation Stillborn Date of \_\_\_\_\_  
What test confirmed diagnosis Stillborn Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) Palmer Primm Bowditch M. D.  
(Address) Missouri State School - Marshall

(Licensee Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RECEIVED  
DISTRICT HEALTH OFFICER NO. 8  
DISTRICT FILE NUMBER  
DATE FILED 2-13-42

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

Registered Apprentice No. , working under my personal supervision.

Signed

*Joe H. Rennie*

Licensed Embalmer No. 1171

P. O. Address *Marshall St.*

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.