

FILED APR 17 1942

Registration District No.

Primary Registration District No. 1

Registrar's No. 108

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville

(c) Name of hospital or institution: Grim-Smith Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one day

In this community 38 yr. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair 001

(c) City or town Novinger Rural 00

(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)

If yes, name country. /

3. (a) PRINT FULL NAME Bessie May Anders

3. (b) If veteran; name war. none

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. Freddie Albert Anders

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Jan. 12 1904

(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	38	2	22	hr. min.

9. Birthplace Adair County Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation House-wife

11. Industry or business

12. Name Elisha A. Truitt

13. Birthplace Adair Co. Missouri

(City, town, or county) (State or foreign country)

14. Maiden name Kibbee Ann Hamonds

15. Birthplace Adair Co. Missouri

(City, town, or county) (State or foreign country)

16. (a) Informant Alice Jones

(b) Address Novinger Mo. R.F.D. #2

17. (a) burial (b) Date thereof 4-6-1942

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutz Cemt.

18. (a) Signature of funeral director Mrs. Laura Riley

(b) Address Kirksville Mo.

19. (a) April 6, 1942 (b) Registrar's signature P. J. Wagner

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th

year 1942 hour 6 minute 07 P.M.

21. I hereby certify that I attended the deceased from April 4th, 1942 to April 4th, 1942

that I last saw her alive on April 4th, 1942

and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage into respiratory center

Duration 5 min

Due to not known unless acute ventricular block

Due to

Other conditions none

(Include pregnancy within 3 months of death)

Major findings: Of operations XXX

Of autopsy XXX

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) X

(b) Date of occurrence X X X

(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)

(c) Means of injury

Signature E. Saborn... (M. D. or other)

Address Kirksville Date signed 4/6/42

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

01
3
3

RECEIVED

District Health Officer No. 10

District File Number H-10-792

Date Filed APR 15 1942

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, as by
....., Registered Apprentice No.....
working under my personal supervision.

Signed Mrs. Laura Riley

Licensed Embalmer No. 3907

P. O. Address Kirksville 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.