

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13739

State File No.

FILED MAY 20 1942

Registration District No. 08

Primary Registration District No. 3006-5718

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ellis Fischel State Cancer Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 77 days
(Specify whether
In this community
years, months or days)

3. (a) PRINT
FULL NAME ELLA ANDERSON

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Harvey L. Anderson (deceased) 6. (c) Age of husband or wife if alive years
7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 6 26 hr. min.

9. Birthplace Laredo O Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Robert L. Hufstutter
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name Sarah Ann Banks
15. Birthplace O Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Patient (Ella Anderson)
(b) Address 1614 Prospect St. C. Mo.

17. (a) Burial (b) Date thereof 5-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alpha Cem. Laredo Mo.

18. (a) Signature of funeral director W. H. Barker
(b) Address Columbia Mo.

19. (a) 4-20-42 (b) E. H. Barker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1614 Prospect
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29th
year 1942 hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from Feb. 11th, 1942 to April 29th, 1942
that I last saw her alive on April 29th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Duration
Carcinoma of Cervix about 2 yrs.

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 440

Major findings: Of operations
Of autopsy Carcinoma of Cervix
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 140

23. Signature J. V. Ackerman (M. D. or other) MD
Address Cancer Hospital, Columbia Mo. Date signed 5/2/42

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

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. 4162

P. O. Address Columbia, 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.