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338

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 14 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 602

Registration District No. 88 Primary Registration District No. 1001

1. PLACE OF DEATH:  
(a) County BUCHANAN  
(b) City or town ST. JOSEPH  
(c) Name of hospital or institution: 1702 SOUTH 61  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community LIFE years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County BUCHANAN  
(c) City or town ST. JOSEPH  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1702 206  
(If rural, give location)  
(e) Citizen of foreign country? 0 No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ISABELLE-JANE-ANDERSON  
(b) If veteran, name war NO  
(c) Social Security No. NO

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 21  
year 1942 hour 11 minute 15-P M.  
21. I hereby certify that I attended the deceased from June 21 st  
1942 to June 21 st 1942  
that I last saw her alive on June 21 1942  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of skin White  
6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Marion B. Anderson alive \_\_\_\_\_ years  
7. Birth date of deceased Aug 12 1866  
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage 1 day  
Due to General arteriosclerosis 1 year

8. AGE: Years 75 Months 10 Days 9  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations: f3a  
Of autopsy: NO

9. Birthplace St. Joseph MO  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_  
12. Name Samuel Murray  
13. Birthplace MO  
(City, town, or county) (State or foreign country)

14. Maiden name Regina Sullivan  
15. Birthplace MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Anderson (Sister)  
(b) Address St. Joseph MO  
17. (a) burial (b) Date thereof June 24 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Amazonia MO  
18. (a) Signature of funeral director Roy Stamey  
(b) Address St. Joseph MO

19. (a) 6-23-42 (b) Rose Hergog  
(Date received local registrar) (Registrar's signature)

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 H.F. Munday (M. D. or other)  
Address 104 So 3d St Date signed 6/22/42

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

11  
1  
7

Dr. [unclear]  
C. B. [unclear]  
2 - 5 - 7 - 11

**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..... *John Roy Slone*  
Licensed Embalmer No. *2435*  
P. O. Address..... *H. J. [unclear]*

**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.**