

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26838

State File No.

Registration District No. 50

Primary Registration District No. 5778

Registrar's No. 31

1. PLACE OF DEATH:

- (a) County Camden
 (b) City or town Rural Jasper Twp.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

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

- (d) Length of stay: In hospital or institution (Specify whether

In this community
years, months or days)3. (a) PRINT
FULL NAME Margaret Anderson

3. (b) If veteran, name war
 3. (c) Social Security No.

4. Sex Female / race White
 5. Color or / 6. (a) Single, widowed, married,
 divorced, married

6. (b) Name of husband or wife J. W. Anderson
 6. (c) Age of husband or wife if

alive 47 years

7. Birth date of deceased April 6 1898
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 4 hr. min.

9. Birthplace Ironton West Virginia
 (City, town, or county) (State or foreign country)

10. Usual occupation
- house wife

11. Industry or business.

12. Name unknown
 13. Birthplace unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant J. W. Anderson
 (b) Address Stover, Mo.

17. (a) Burial (b) Date thereof Aug. 9, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- Stover Cem.

- (a) Signature of funeral director
- Ray E. Devinson

- (b) Address
- Stover, Mo.

19. Aug 10, 1942 (b) L. L. Haskins
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Camden
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 25 miles south Versailles
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6 th.
 year 1942 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 6 1942 to Aug 6 1942
 that I last saw him alive on Aug 6 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 hrs.

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 sta-
 tistically.

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) (c) Means of injury

23. Signature L. L. Haskins (M. D. or other) M.D.
 Address Versailles, Mo. Date signed 8-8-42

RECEIVED

District Health Officer No. 7,

District File Number 9-42-993

Date Filed 9-9-42

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.....

Jewell Stevenson

Licensed Embalmer No.....

4073

P. O. Address.....

Stover, 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.