

FILED JUL 10 1942

Registration District No. 30

Primary Registration District No. 40-7-5177

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Camden
(b) City or town Camden Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Farm - Star Route
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 years (Specify whether years, months or days)
In this community 10 years

3. (a) PRINT FULL NAME

Charlotte Christina Anderson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color of race Wh

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Belford Anderson

6. (c) Age of husband or wife if alive 27 years (Day) (Year)

7. Birth date of deceased June (Month) 27 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>1</u>	<u>14</u>	<u>hr. min.</u>

9. Birthplace

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

10. Usual occupation

housewife

11. Industry or business

MOTHER FATHER

12. Name Swan Lundstrom

13. Birthplace Sweden (City, town, or county) (State or foreign country)

14. Maiden name Christina

15. Birthplace Sweden (City, town, or county) (State or foreign country)

16. (a) Informant Carl John Lundstrom

(b) Address Camden, mo

17. (a) Burial (Burial, cremation, or removal) Burial

(b) Date thereof Aug 12-42 (Month) (Day) (Year)

(c) Place: burial or cremation St Johns

18. (a) Signature of funeral director B. Johnson - Woolley

(b) Address Camden, mo

19. (a) Aug 14-42 (Date reported local registrar)

(b) La Verne Hopkins (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden
(c) City or town Camden Rural (If outside city or town limits, write "RURAL")
(d) Street No. Star Route (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country 64 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10 year 1942 hour 9 minute 45 P.

21. I hereby certify that I attended the deceased from May 5 1941 to Aug 10 1942
that I last saw her alive on Aug 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocardial failure
Angina pectoris

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

4 years

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)
(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

A. D. Atterberry (Date signed 8-12-42)
Address Camden

RECEIVED

District Health Officer No. 7,

District File Number 10-42-1101

Date Filed 10-8-42

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

Abbie Woolery

Licensed Embalmer No.

2488

P. O. Address

Camden, Md.

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.