

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33612

State File No.

Registrar's No.

FILED NOV 6

Registration District No.

Primary Registration District No.

3018

6970

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Rural SALEM
(c) Name of hospital or institution:
x2 /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution x
In this community all her life (Specify whether
years, months or days)

8. (a) PRINT FULL NAME Betty Dale Anderson

8. (b) If veteran, name war x 8. (c) Social Security No. x

4. Sex female 5. Color or race W 6. (a) Single, widowed, married, divorced child

6. (b) Name of husband or wife x 6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 15 1940
(Month) (Day) (Year)

8. AGE: Years 2 Months 2 Days 19 If less than one day hr. min.

9. Birthplace Dent Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation x

11. Industry or business x

MOTHER FATHER { 12. Name Arley Anderson
13. Birthplace Dent Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Lena McAllister
15. Birthplace Dent Co Mo
(City, town, or county) (State or foreign country)

18. (a) Informant Arley Anderson
(b) Address Salem Mo

17. (a) burial (b) Date thereof 10/6/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Herman

18. (a) Signature of funeral director Carl R. Seave
(b) Address Salem Mo

19. (a) 10-5-42 (b) Joe D. W. Dr
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent
(c) City or town Rural SALEM
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4
year 1942 hour 9 minute 40 A. M.

21. I hereby certify that I attended the deceased from Oct 4
1942 to Oct 4 1942
that I last saw him alive on Oct 4 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Diphtheria Duration

Severe Cold
Due to

Due to

Other conditions 10
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓
(b) Date of occurrence Sept 13/42
(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) Means of injury

23. Signature Dr. J. D. W. Dr (M. D. or other)
Address Salem Mo Date signed Oct 5 42

RECEIVED

District Health Officer No. 5,

District File Number

1142941

Date Filed

11-4-42

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

Wm. W. McAnals

Licensed Embalmer No.

3806

P. O. Address

Salem, 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, above space should be left blank.