

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED DEC 9 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37380

State File No. ....

Registration District No. 129

Primary Registration District No. 5622

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Knox  
(b) City or town Knox City (rural) Lyrtle  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 52 hours (Specify whether  
In this community 52 hours  
years, months or days)

3. (c) PRINT Blanch Anderson Alexander  
FULL NAME

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, 2 divorced, widowed  
7. Birth date of deceased Jan - 30 - 1884. (Month) (Day) (Year)

8. AGE: Years 58 Months 9 Days 15 If less than one day  
hr. .... min.

9. Birthplace Knox City Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher.

11. Industry or business

12. Name Wm. Butler Anderson  
13. Birthplace Knox City Mo. 0  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary I Young  
15. Birthplace Macon Co. Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Edna Hudson  
(b) Address Knox City, Missouri  
17. (a) Burial (b) Date thereof Nov-17-1942.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Knox City, Mo.

18. (a) Signature of funeral director Edna Hudson  
(b) Address Edna, Missouri

19. (a) 11/17/42 (b) Willie Northcutt  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Polk  
(c) City or town Des Moines  
(If outside city or town limits, write "RURAL")  
(d) Street No. 224 1/2 5th St.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15  
year 1942 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from Nov 13  
1942 to Nov 15 1942

that I last saw him alive on Nov 15 1942  
and that death occurred on the date and hour stated above

Immediate cause of death Cancer of  
Colon

Duration

3 mo.

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 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)

Signature J.R. Northcutt (M. D. or other)

Address Knox City Date signed 11/17/42

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 12-42-3077

Date Filed DEC - 7 1942

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

*Keith Hudson*

Licensed Embalmer No.

2415

P. O. Address

*Edina, Mass.*

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.