

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3072

State File No. _____

Registrar's No. 14

Registration District No. 74

Primary Registration District No. 3052

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mrs. Parleys 505 West 4th St Sedalia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Anna T. Anderson

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, 2 divorced, widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 2 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Fulton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name James Knight
13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Crooks
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Stahlhut
(b) Address Knob Noster

17. (a) Burial (b) Date thereof Jan 14 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Knob Noster City Cemetery

18. (a) Signature of funeral director C. L. Sauls

(b) Address Knob Noster Mo.

19. (a) 1-14-42 (b) Mrs. Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 505 West 4th St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13 year 1943 hour 10 minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1st 1943 to Jan 13 1943
that I last saw her alive on Jan 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bronchitis
Due to Coronary Artery Disease
Due to and heart failure
Other conditions for 8 years
(Include pregnancy within 3 months of death)

Major findings: 832
Of operations _____
Of autopsy None

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 Edward Bohling (M. D. or other) _____
Address Sedalia Mo. Date signed 1-14-43

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-4-43

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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

Robert H Reed

Licensed Embalmer No. 3745

P. O. Address

Sealsie 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.