No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7356

FILED MAR 10 1943

Registration District No. 2 45

Primary Registration District No. 6012

Registrar's No.

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

1. PLACE OF DEATH
(a) County RANDOLPH
(b) City or town RURAL OR TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: AT HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether years, months or days)
In this community ENTIRE LIFE

2. USUAL RESIDENCE OF DECEASED
(a) State MISSOURI (b) County RANDOLPH
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. RFD COLLEGE MOUND
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ZILPHAE ANDERSON

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE | 5. Color or race WHITE | 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife

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

7. Birth date of deceased 3 (Month) 1 (Day) 1849 (Year)

8. AGE: Years 83 | Months 3 | Days 1 | If less than one day hr. min.

9. Birthplace RADOLPH (City or county) MO (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant WILLIE ANDERSON
(b) Address COLLEGE MOUND MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-6-1932 (Month) (Day) (Year)
(c) Place: burial or cremation RANDOLPH CO. MO.

18. (a) Signature of funeral director Snow Funeral Home
(b) Address Moberly MO.

19. (a) (Date received local registrar) (b) (Registrar's signature)

1027

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 5
year 1932 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from MAY 15, 1932, to JUNE 5, 1932 that I last saw her alive on JUNE 5, 1932 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death DROPSY	6 da
Due to HEART COMPLICATION	5 da
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations NONE
Of autopsy NONE

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature F. L. Snipkeen (M. D.)
Address COLLEGE MOUND Date signed 3/14/43

(Licensed Embalmer's Statement on Reverse Side)

MAR 10 19

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1356

Registration District No. 295 Primary Registration District No. 6-0-6-2 Registrar's No.

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Rural
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Zilphae Anderson
3. (b) If veteran, name war
3. (c) Social Security No.

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

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

7. Birth date of deceased Mar (Month) (Day) 18 (Year)

8. AGE: Years 83 | Months 3 | Days | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

SUPPLEMENTARY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day
year 1902 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed