

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

11052

FILED APR 9 1943 74

Registration District No.

Primary Registration District No.

Registrar's No.

70

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:
1315 E. BROADWAY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 65 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME ROBERTA C. ANDERSON

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased 4 11 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 10 16 hr. min.

9. Birthplace SARDIS MISS I
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name ? BASS
13. Birthplace unk 9
(City, town, or county) (State or foreign country)
14. Maiden name MELINDA DYSON
15. Birthplace unk 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Coffman

(b) Address 1315 E. Broadway

17. (a) Burial (b) Date thereof 2 28 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flat Creek, Mo.

18. (a) Signature of funeral director Gillespie

(b) Address Sedalia, Mo.

19. (a) 2/27/43 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS
(c) City or town SEDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. 1315 E. BROADWAY
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 27th
year 1943 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 6-22
1942 to 2-26 1943;
that I last saw her alive on 2-26 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure

Due to chronic myocarditis

Due to

Other conditions Atrophic arthritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93d

Of autopsy

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 J. M. Rademan (M. D. or other) M.D.
Address Sedalia Mo. Date signed 2-27-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-8-43

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 _____

L. E. Boulchin

Licensed Embalmer No. 3867

P. O. Address: Seaside, 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.