S. No. 2
M—5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21597

FILED JUL 12 1943

Registration District No. 55 | Primary Registration District No. 3127 | Registrar's No. 54

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jane Chinn Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEACESED: 73
(a) State: Missouri (b) County: County 0
(c) City or town: Rural- Marion Township 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Route #1, Granby (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) /
If yes, name country

3. (a) PRINT FULL NAME: ETHEL JANE 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: married
6. (b) Name of husband or wife: Virgil H. Anderson
6. (c) Age of husband or wife if alive: 41 years
7. Birth date of deceased: March 13, 1902 (Month) (Day) (Year)
8. AGE: Years 41 | Months 3 | Days 2 | If less than one day hr. min.
9. Birthplace: Route #1, Granby, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Dan Russell
13. Birthplace: X (City, town, or county) Ind. / (State or foreign country)
MOTHER 14. Maiden name: Lela McDaniel
15. Birthplace: X (City, town, or county) Wis. / (State or foreign country)
16. (a) Informant: Mr. Virgil H. Anderson
(b) Address: Route #1, Granby, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 19 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenwood Cemetery
18. (a) Signature of funeral director: Ed. C. Ulmer
(b) Address: 1208 Garrison, Carthage, Mo.
19. (a) June 19, 1943 (Date received local registrar) Mrs Lillie Eagle (Registrar's signature)

1180

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1943 hour 6:30 minute A. M.
21. I hereby certify that I attended the deceased from 6-14 1943 to 6-15 1943 that I last saw her alive on 6/15 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	
Due to: Thyrotoxicosis 93d	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operation: Uterine Fibroid, Cystic Degeneration of both Ovaries	
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: 5
23. Signature: C. F. Gregory (M. D. or other) DO
Address: Webb City, Mo. Date signed 6/15/43

(Licensed Embalmer's Statement on Reverse Side)

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

43-6-526

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.....

Licensed Embalmer No.....

P. O. Address.....

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.