

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22122

State File No.

Registrar's No.

179

Registration District No. 274

Primary Registration District No. 3052

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

80
6
4

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
430 N. Washington 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community over 40 yr.
years, months or days

3. (a) PRINT FULL NAME Nellie Anderson

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race negro

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dec 24 1850
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

93 5 8 hr. min.

9. Birthplace Louisville Ky. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name " " _____

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

16. (a) Informant Harrison Anderson

(b) Address 400 N. Washington

17. (a) Burial (b) Date thereof 6 4-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia

18. (a) Signature of funeral director J. P. Alexander

(b) Address 400 W. Cooper

19. (a) 6-4-43 (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, Mo. 80
(If outside city or town limits, write "RURAL")

(d) Street No. 430 N. Washington 6
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1st day June
year 1943 hour 10:40 minute P M.

21. I hereby certify that I attended the deceased from Feb 9
1940, to June, 1943
that I last saw her alive on June 1st, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Paralysed apoplexy.

Due to Arterio-sclerosis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

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)

(e) Means of injury ⊙

23. Signature A. R. Maddox (M. D. or other) M.D.
Address 116 1/2 W. Main Date signed 6-4-43

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-2-43

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

J. Pryce Alexander

Licensed Embalmer No. 4245

P. O. Address Sedalia

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.