

U.S. No. 2  
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Rev. 5-17-39  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43266

State File No.

FILED DEC 17 1943

Registration District No. 277 Primary Registration District No. 3052 Registrar's No. 360

1. PLACE OF DEATH:  
(a) County Pettis  
(b) City or town Lebanon Mo  
(c) Name of hospital or institution Bethune 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution one day  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Arline Aurelia 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, divorced  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased 6-20-43  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
5 3 hr. min.

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

10. Usual occupation

11. Industry or business  
12. Name Raymond Anderson  
13. Birthplace Pettis Co Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Hilda Vrechen  
15. Birthplace Pettis Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Raymond Anderson  
(b) Address Smithton Mo

17. (a) Burial  
(b) Date thereof 11-25-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director A. F. Henninger  
(b) Address Smithton Mo

19. (a) 11-25-43 (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 Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 23  
year 1943 hour 730 minute 2 M.  
21. I hereby certify that I attended the deceased from Nov 13 to Nov 13, 1943  
that I last saw him alive on Nov 13 and that death occurred on the date and hour stated above.

Immediate cause of death Intero Colitis  
Duration

Due to  
Due to

Other conditions: 119a  
(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?

While at work?  
23. Signature S. S. Holton  
Smithton Mo  
(M. D.)  
Date signed 11/16/43

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-14-43

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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

*A. F. Neumeyer*

Licensed Embalmer No.

3912

P. O. Address

*Smithton 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.**