

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15480

FILED MAY 2 1944
Registration District No. 2

Primary Registration District No. 4415

State File No.

Registrar's No. 9

1. PLACE OF DEATH:

- (a) County Pike
(b) City or town Clarksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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
years, months or days)

3. (a) PRINT FULL NAME Mollie Boone 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 Widowed

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

7. Birth date of deceased May 19 (Month) (Day) (Year) 1853

8. AGE: Years 91 Months - Days 13 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name Wm J. Boone
13. Birthplace Wm J. Boone (City, town, or county) (State or foreign country)
14. Maiden name Mollie Boone
15. Birthplace South Kansas (City, town, or county) (State or foreign country)

16. (a) Informant Wm J. Boone Mo
(b) Address Clarksville
17. (a) Greenwood (b) Date thereof Apr 8 (Month) (Day) (Year)
(Burial, cremation, or removal)

- (c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Harry L. Carroll Mo
(b) Address Clarksville

19. (a) April 2 1944 (b) Maudie M. Patton (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Pike
(c) City or town Clarksville (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st year 1944 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from April 25 1943 to April 1st 1944
that I last saw him alive on April 1 1944
and that death occurred on the date and hour stated above.

- Immediate cause of death Heart Disease
Due to sclerotic changes in
heart muscle
Due to Arterio Sclerosis not known

- Due to Age

- Other conditions. (Include pregnancy within 3 months of death)

- Major findings: Of operations

- 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 E M Bartlett (M. D. or other) Clarksville Mo
Address Clarksville Mo Date signed 4/2/44

RECEIVED

District Health Officer No. 10

District File Number 5-14-902

Date Filed MAY 8 1944

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed

Harry L. Carroll

Licensed Embalmer No.

2439

P. O. Address

Clarksville 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.