S. No. 2
M—2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1944

Registration District No. 157

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31105

Primary Registration District No. 3028

Registrar's No. 200

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
McCune-Brooks Hospital
(If not in hospital or institution, write street number or location) U
(d) Length of stay: In hospital or institution 12 hours (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Carthage 1
(If outside city or town limits, write "RURAL") 3
(d) Street No. 726 East 7th St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME ALTA VENETIA ANDERSON

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Female

5. Color or race Colored

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

6. (b) Name of husband or wife Cagie Anderson

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased December (Month) 27, (Day) 1910 (Year)

8. AGE: Years 34 Months 8 Days 7 If less than one day hr. min.

9. Birthplace Carthage, (City, town, or county) Missouri (State or foreign country) U

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Guy Harbin
13. Birthplace Carthage, (City, town, or county) Missouri (State or foreign country) U

MOTHER
14. Maiden name Alice Carr
15. Birthplace Newtonia, (City, town, or county) Missouri (State or foreign country) U

16. (a) Informant Guy Harbin
(b) Address 726 E. 7th St. Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-44 (Month) (Day) (Year)
(c) Place: burial or cremation Cedar Hill Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Mo.

19. (a) Sept. 8 '44 (Date received local registrar) (b) Elizabeth Coughlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3, year 1944 hour 10: minute 55 A.M.

21. I hereby certify that I attended the deceased from Sept 1, 19 44, to Sept 3, 19 44 that I last saw h[illegible] alive on Sept 3, 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Acute Peritonitis about 3 days
Due to Mesenteric Infection
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

129

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 U

23. Signature J E Boyd M.D. (M. D. or other)
Address Carthage Mo. Date signed 9-11-44

1203

(Licensed Embalmer's Statement on Reverse Side)

44-10-824

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 Edle Wilmer

Licensed Embalmer No. 2222

P. O. Address Carthage

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.