

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38135

State File No. _____

FILED DEC 11 1944

Registration District No. 114

Primary Registration District No. 5644-3031 Registrar's No. 64

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Lexington, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Died at home.
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution Nil (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Mary Anderson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color Col. 6. (a) Single, widowed, married, divorced Married
(b) Name of husband Mace Anderson 6. (c) Age of husband 70 years
7. Birth date of deceased July 7 1878 (Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Lafayette Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housekeeping

12. Name Steven Crump
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Raney Crump
15. Birthplace North Carolina (City, town, or county) (State or foreign country)

16. (a) Informant Mace Anderson

(b) Address Lexington, Mo.

17. (a) Burial (b) Date thereof Nov 4-1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Mo.

18. (a) Signature of funeral director Green & Sons

(b) Address Lexington, Mo.

19. (a) Nov-4-44 (b) Mrs. Fred Schurb (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Lexington (If outside city or town limits, write "RURAL")
(d) Street No. Myrick, M. P. Railroad (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 1st year 1944 hour 3 minute 30 M.

21. I hereby certify that I attended the deceased from Apr 15 1944 to Nov 1 1944;
that I last saw him alive on Oct 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 13/a

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 W. H. Schurb (M. D. or other) _____

Address Lexington, Mo. Date signed 11/4/44

Duration

1 year

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1158

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

File Number.....

Date Filed 12-9-44

APR 20 1945

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 William Hunsley,

Licensed Embalmer No. 3105-4

P. O. Address Lexington, 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.