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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 '45

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17790

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 147

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:
Bothwell Hospital 6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 90

(c) City or town Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No. 1005 E. 5th
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Anna Kelderman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Pete Kelderman

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased May (Month) 4 (Day) 1898 (Year)

8. AGE:

Years	Months	Days	If less than one day
47	0	27	hr. min.

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

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name William Vander Horst
13. Birthplace Chicago (City, town, or county) Illinois 1 (State or foreign country)

MOTHER
14. Maiden name Kate Vander Post
15. Birthplace (City, town, or county) Holland 11 (State or foreign country)

16. (a) Informant Pete Kelderman

(b) Address 1005 E. 5th, Sedalia, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 2, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Pella, Iowa

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 6-1-45 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1945 hour 4 minute 18 A.M.

21. I hereby certify that I attended the deceased from May 30 ~~May 31~~, 1945 to May 31, 1945 that I last saw her alive on May 31, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrage

Due to hypertention

Due to

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature N. T. Bishop (M. D. ~~or other~~)

Address Sedalia Mo. Date signed 6-1-45

1022 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number

Date Filed 6/6/45

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 K P McGary

Licensed Embalmer No. 3153

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.