U. S. No. 2
10M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 10 1945
Registration District No. 13-192

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4174

State File No. 20244

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Cardwell MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Dr English Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community all her life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Dunklin
(c) City or town Rural #1
(If outside city or town limits, write "RURAL")
(d) Street No. Senath, Mo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Katherine Anderson
3. (b) If veteran, no name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Mi
6. (b) Name of husband or wife W. V. Anderson
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Jan (Month) 4 (Day) 1894 (Year)

8. AGE: Years 51 Months 3 Days 6 If less than one day hr. min.

9. Birthplace Dunklin — (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife —
11. Industry or business

MOTHER
12. Name Wm Thompson
13. Birthplace — (City, town, or county) — (State or foreign country)

FATHER
14. Maiden name Dora Oakes
15. Birthplace — (City, town, or county) — (State or foreign country)

16. (a) Informant Husband —
(b) Address Senath, Mo RI —
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof H-11-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Lufkin Cemetary
18. (a) Signature of funeral director Rundal L. Mitchell
(b) Address Caruthersville, Mo.
19. (a) 7-5-45 (Date received local registrar) (b) M. G. Moore (Registrar's signature)

1013

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 4
year 1945 hour 2 minute A M.
21. I hereby certify that I attended the deceased from , 19 , to 4-10 , 1945 ;
that I last saw her alive on 4-9 , 1945 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to	
Due to	
Other conditions. (Include pregnancy within 3 months of death) Cholecystectomy	6 days

Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTAL INFORMATION REQUESTED

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 W. P. English M.D. (M.D., or other)
Address Cardwell, Mo Date signed 4-10-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 45-891
Date Filed 2-6-45

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.....

Licensed Embalmer No.....

P. O. Address.....

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.