S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 13 1945

State File No. 20386

Registration District No. 132 Primary Registration District No. 5480 Registrar's No. 342

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Trenton - Rural Henton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: County Farm (Trenton Twp.)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 months. (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? NO. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary Amanda 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

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

7. Birth date of deceased December (Month) 17 (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	6	1	hr. min.

9. Birthplace ~~Grundy~~ Mere Ind. ~~Mo.~~ 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

FATHER
12. Name Thomas Rooks.
13. Birthplace Not Known 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Clarissa McGuire
15. Birthplace Not Known 4
(City, town, or county) (State or foreign country)

16. (a) Informant J. A. Cox
(b) Address 323 Christian ave St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-45 (Month) (Day) (Year)

(c) Place: burial or cremation Alpha Cemetery

18. (a) Signature of funeral director E.S. Robertson Funeral Home
(b) Address Laredo, Mo.

19. (a) 6-20-45 (Date received local registrar) (b) L. S. Roberts (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1945 hour Between 1 & 2 minute ~~[illegible]~~ AM.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Climbed out second story window onto wet roof over back Porch and fell about 10 feet crushing chest causing immediate death

Due to

Due to

Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

1860 5 34

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) Accidental

(b) Date of occurrence 6-18-45 Between 1 and 2 am

(c) Where did injury occur? County Farm (City or town) Grundy (County) (State) Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? County Farm (Specify type of place)

While at work? (e) Means of injury 3

23. Signature Ray VanMeter (M. D. Coroner)

Address Trenton Mo Date signed 6-20-45

1030

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 11,
District File Number.....
Date Filed.....

Signed John M Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo 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.