

No. 2
-5-42
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27673

State File No. _____

FILED SEP 11 1945 Primary Registration District No. 1471 Registrar's No. 559

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Victoria (Central)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Victoria Mo. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 80 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson
(c) City or town Victoria Jefferson
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME VIRGINIA ALICE ANDERSON

(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife Perry Anderson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 24 1857
(Month) (Day) (Year)

8. AGE: Years 88 Months 6 Days 16 If less than one day hr. _____ min. _____

9. Birthplace Jefferson Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name George Washburn

13. Birthplace Jefferson Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle McClinton

(b) Address St. Louis Mo.

17. (a) Burial (b) Date thereof Aug 12 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery, DeSoto

18. (a) Signature of funeral director Charles O. Fernald

(b) Address DeSoto Mo.

19. (a) Aug 3 1945 (b) Ware Evans
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10th
year 1945 hour 7:45 minute _____ P. M.

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

Immediate cause of death Cerebral Hemorrhage
Hemorrhage of the brain
Due to arterio sclerosis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy same
Cerebral Hemorrhage

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 J. B. Edwards (M. D. or other)
Address Edgar Hill Mo Date signed 8/10/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Donnell A. Dietrich

Licensed Embalmer No.....

4104

P. O. Address.....

Detroit 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.