

No. 2  
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5-17-39  
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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 NOV 28 1945

State File No. 37710

Registrar's No. 8

Registration District No.

Primary Registration District No. 4258

1. PLACE OF DEATH:

(a) County Knox  
(b) City or town Edina  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 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 \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Emma Alice Anderson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife T.B. Anderson 6. (c) Age of husband or wife if alive 74 years  
7. Birth date of deceased July 14 1881  
(Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Sangamon County Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Thomas Lamham  
13. Birthplace Sangamon Co. Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Eliza J. Judd  
15. Birthplace Sangamon Co. Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant T.B. Anderson  
(b) Address Edina Mo.  
17. (a) Burial (b) Date thereof Nov-1-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Linville, Edina Mo.

18. (a) Signature of funeral director Keith Hudson  
(b) Address Edina, Mo.  
19. (a) Oct. 31-45 (b) Neil S. Nunn  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox 52  
(c) City or town Edina rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 28 day  
year 1945 hour 9 P.M. minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from Oct. 20  
\_\_\_\_\_ 1945, to Oct. 28 \_\_\_\_\_ 1945;  
that I last saw him alive on Oct. 28 \_\_\_\_\_ 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 8 days  
Due to Hypertension  
Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature C. G. Hall 2 (M. D. or other)  
Address Edina Mo. Date signed 10-31-45

(Licensed Embalmer's Statement on Reverse Side)

1462

NOV 23 1953

RECEIVED

District Health Officer No. 10

District File Number 11-45-1647

Date Filed NOV-23-1945

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

*Keith Hudson*

Licensed Embalmer No.

2415

P. O. Address

Edina, Minnesota

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.