

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

State File No. **38151**

FILED DEC 7 1945
Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **300**

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**
(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 **40 years** years, months or days)

3. (a) PRINT FULL NAME **MAMIE REBECCA 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 **Married**
6. (b) Name of husband or wife **C.F. Anderson**
6. (c) Age of husband or wife if alive **72** years
7. Birth date of deceased **Jan. 27 1885**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 **9** **11** hr. min.

9. Birthplace **Summitt N.J.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **No record**

MOTHER FATHER { 12. Name **No record**
13. Birthplace **"**
(City, town, or county) (State or foreign country)
14. Maiden name **"**
15. Birthplace **"**
(City, town, or county) (State or foreign country)

16. (a) Informant **C.F. Anderson**
(b) Address **Hughesville, Mo**
17. (a) **Burial** (b) Date thereof **11/9/45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Crown Hill**

18. (a) Signature of funeral director **Geo. Dillard**
(b) Address **Sedalia, Mo**
19. (a) **11/9/45** (b) **A. J. Campbell**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **Hughesville**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) Citizen of foreign country? **1** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **8**
year **1945** hour **3** minute **4** M.

21. I hereby certify that I attended the deceased from **Oct 31** at **19 45**
that I last saw h. **er** alive on **November 7** **19 45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the Transverse Colon**
Duration **?**

Due to **Intestinal Obstruction** **7 days**
Other conditions (Include pregnancy within 3 months of death)

Major findings: **Abdominal Operation**
Of operations **Nov 3rd 1945**
Of autopsy **none**
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) **no**
(b) Date of occurrence **no**
(c) Where did injury occur? **none**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **none**

(Specify type of place) (e) Means of injury **no**
23. Signature **John Charles M. N** (M. D. or other)
Address **Sedalia Mo** Date signed **11-9-45**

(Licensed Embalmer's Statement on Reverse Side)

DEPARTMENT OF COMMERCE
WASHINGTON, D. C. 20540

District Health Officer No. 2

Dist. File Number _____

Date Filed 1-26-48

(11) $\vdash_{\mathcal{L}} \neg \exists x (x \neq x)$

[illegible]

NOVEMBER, 1959]

U. S. DEPARTMENT OF THE ARMY
OFFICE OF THE CHIEF OF STAFF
WASHINGTON, D. C.

אברהם יצחק

3. The small boat will be used before the 1st of July 1961.

100-443887-100

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

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No. 386

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.