

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

42600

FILED JAN 8 1946

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Markey
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 45 years
(Specify whether years, months or days)
In this community 45 years

3. (a) PRINT FULL NAME Mollie 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 widow
6. (b) Name of husband or wife Thos. H. Anderson
6. (c) Age of husband or wife if alive 6 years
7. Birth date of deceased Feb 6 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 1
If less than one day hr. min.

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

10. Usual occupation House reaper

11. Industry or business ✓

12. Name James Scott

13. Birthplace Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Dahlan

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

16. (a) Informant Thos. Anderson

(b) Address Markey Mo

17. (a) Burial (b) Date thereof 12-9-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Markey Cem Markey Mo

18. (a) Signature of funeral director Bispinghoff Funeral Home

(b) Address Chaffee Mo

19. (a) Dec 8-45 (b) A. Bryant
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 7
year 1945 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 12/1/45 to 12/7/45
that I last saw her alive on Dec 1 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis
Duration ?

Due to Chronic Endocarditis

Due to Chronic Endocarditis

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 926

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 W. C. Clise (M. D. or other)

Address 1788 N. Main St. Mo Date signed 12/8/45

1550

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2,

District File Number

146-11

Date Filed

1-4-46

FEB 18 1946

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

Maurice Beplerhoff

Licensed Embalmer No.

3242

P. O. Address

Chaffee 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.