

FILED AUG 12 1946
Registration District No. 127236

Primary Registration District No. 5910

State File No. 86
Registrar's No. 86

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Cantharville, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓
In this community 64 yrs.
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Harriett Anderson

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

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased Sept. 23 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 10 9 hr. min.

9. Birthplace Murray Co. Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ✓

12. Name Jack Russell
13. Birthplace Murray Co. Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Martha James
15. Birthplace Murray Co. Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Anderson

(b) Address Cantharville, Mo. Rt. 1

17. (a) Burial (b) Date thereof 8-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cantharville, Mo.

18. (a) Signature of funeral director J. R. Linn

(b) Address St. Louis, Mo.

19. (a) 8-9-46 (b) Jessie B. Wells
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Cantharville, Rural
(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 ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1
year 1946 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 15 1946 to Aug. 1 1946
that I last saw her alive on July 26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Cancer of Lungs
Due to Cancer of Breast

Due to ✓

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

Major findings: Of operations ✓
Of autopsy ✓

ADDITIONAL
SUPPLEMENTARY
INFORMATION
REQUESTED

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) Means of injury ✓

23. Signature J. R. Linn (M. D. or other)
Address Cantharville, Mo. Date signed 8-2-46

8-46-191

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.....

John H. German

Licensed Embalmer No.

4355

P. O. Address.....

Hayti, 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Sept
86

Registration District No. 270

Primary Registration District No. 5910

Registrar's No.

1. PLACE OF DEATH:

- (a) County Permisist rural
(b) City or town _____
(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 _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT
FULL NAMEHarriett Anderson

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

4. Sex 7 5. Color or race B 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ (If less than one day) hr. _____ min. _____

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

10. Usual occupation

11. Industry or business

12. Name _____
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 _____
(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 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 _____

- Due to Cancer of Breast Right
Due to _____

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

- Major findings: _____
Of operations 50
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)
(c) Means of injury _____
23. Signature J. R. Pinion (M. D. or other) _____
Address Cynthiansville, Mo. Date signed 8-28-46

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

27924