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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 44

Primary Registration District No. 5149

Registrar's No. 8

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

1. PLACE OF DEATH: Caldwell

(a) County Caldwell

(b) City or town Yonkers, Imp. Rural
(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 50 years ✓
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Caldwell

(c) City or town Hamilton Mo.
(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 Lottie Anderson

3. (b) If veteran, name war: ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9
year 1946 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from September 26 1945 to Oct. 9 1946
that I last saw her alive on Oct. 9 1946
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

(b) Name of husband or wife John Anderson

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased June 8 1871
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

Duration 12 hours

Due to Generalized arterio-sclerosis

Due to _____

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

8. AGE: Years 75 Months 4 Days 1
If less than one day: ✓ hr. ✓ min.

9. Birthplace: Port Clinton Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Martin Christenson 4

13. Birthplace German

14. Maiden name Hannah Mary Johnson

15. Birthplace Germany

16. (a) Informant Harry Temple

(b) Address Nettleton Mo.

17. (a) Burial (b) Date thereof Oct 12 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cem. Hamilton Mo.

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

(b) Address Hamilton Mo.

19. (a) 10-29-46 (b) Mrs. Nell B. Jones
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: 83A

Of operations _____

Of autopsy _____

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 Herbert R. Brock (M. D. or other) MD
Address Hamilton Mo Date signed 10/10/46

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

R. J. A. Brown

Licensed Embalmer No. *3052*

P. O. Address *Hamilton, 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.