S. No. 2
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v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1947

Registration District No. 21-94

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5708

Primary Registration District No. 5923

Registrar's No. 31

1. PLACE OF DEATH:
(a) County Pettus
(b) City or town Rural - Cedar Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 4 - Sedalia, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 3 Months.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Baton
(c) City or town Rich Hill
(If outside city or town limits, write "RURAL")
(d) Street No. 927 Chestnut
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sarah Jane 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 W
6. (b) Name of husband or wife James Harris Anderson
6. (c) Age of husband or wife if alive 88 years
7. Birth date of deceased November (Month) 21 (Day) 1862 (Year)

8. AGE: Years 84 Months 2 Days 0 If less than one day hr. min.

9. Birthplace Johnson Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name George R. Cathey
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Jane Bonnette
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Burk Anderson
(b) Address Rich Hill, Mo.
17. (a) Burial ((Burial, cremation, or removal)) (b) Date thereof 1-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation Tremlaway Cem.
18. (a) Signature of funeral director Barth
(b) Address Rich Hill, Mo.
19. (a) 1-28-47 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1947 hour 6 minute 0 P.M.
21. I hereby certify that I attended the deceased from Dec. 30, 1946, to Jan 6, 1947; that I last saw her alive on Jan 6, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: Hypertension	5 yrs.
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. L. Blackburn (M. D. or other) D.O
Address 315 Exp. Bldg - Sedalia, Mo. Date signed 1/28/47

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

RECEIVED
District Health Officer No 3,
District File Number .....
Date Filed 2-8-47

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.....
Harold M. Douglass Registered Apprentice No. 410,
working under my personal supervision.

Signed John H Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Pa

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.