

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 14 1947
59

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

8243

Registration District No.

Primary Registration District No.

5218

Registrar's No.

60

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Rural (Big Creek)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 miles N.W. Pleasant Hill
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
17 years / (Specify whether
In this community
years, months or days)

**3. (a) PRINT
FULL NAME**

Mae Ivy 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 James Anderson 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased March 24 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 0 9
hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name John Johnson
13. Birthplace Mayesville Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Selle Crawford
15. Birthplace Mayesville, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant James Anderson
(b) Address Pleasant Hill, Missouri
17. (a) Burial (b) Date thereof (Month) (Day) (Year)
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director Allen Brownfield
(b) Address Pleasant Hill Missouri

19. April 11-1947 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 Miles N.W. Pleasant Hill
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 4
year 1947 hour 6 minute 30 PM

21. I hereby certify that I attended the deceased from Sept, 1947, to Apr, 1947,
that I last saw her alive on Apr, 4, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis

Due to
Due to

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

Major findings:
Of operations 191B
Of autopsy

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 P. V. Murray M.D. (M.D. or other)
Address Pleasant Hill, Mo Date signed 4-7-47

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

51

(Licensed Embalmer's Statement on Reverse Side)

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 By me H-5-47, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 3785

P. O. Address Cleveland, Ohio

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.