

S. No. 2
M-8-43
v. 5-17-39
X37823

16985

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 3 1947

Registration District No.

Primary Registration District No. 5230

Registrar's No. 33

1. PLACE OF DEATH

(a) County Dallas
(b) City or town Urbana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dallas 30
(c) City or town Urbana
(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 _____

3. (a) PRINT FULL NAME America Berthenia 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, Widowed

6. (b) Name of husband or wife Enis Anderson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec - 10 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>5</u>	<u>8</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John A. Parrey

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

14. Maiden name Susan Johnson

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

16. (a) Informant Mr. M. I. Anderson

(b) Address Urbana, Mo

17. (a) Burial (b) Date thereof 5-20-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Pleasant Ridge Vaughn - Posa

(b) Address Urbana, Mo

19. (a) 5-31-47 (b) Gran Patton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from May 17 1947 to May 18 1947
that I last saw her alive on May 17
and that death occurred on the date and hour stated above.

Immediate cause of death Subarachnoid Hemorrhage
Due to Spinal Hypertension
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations ggs
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? Y

While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature D. G. Slover (M. D. or other) _____
Address Urbana, Mo Date signed 5/18/47

Duration
1 day
2 hrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 7,
District File Number 5-47-642
Date Filed 2.17.72

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 Allen W. Vaughan
Licensed Embalmer No. 4156
P. O. Address Urbana, 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.