S. No. 2
—12-45
5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28446

Registration District No. 245 — Primary Registration District No. 3047 — Registrar's No. 79

1. PLACE OF DEATH:
(a) County: NEWTON
(b) City or town: NEOSHO (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: SALE MEMORIAL HOSPITAL (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

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: NEWTON 73
(c) City or town: NEOSHO (If outside city or town limits, write "RURAL") 3
(d) Street No.: 317 So. HAMILTON (If rural, give location) 2
(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: MARGARET J. ANDERSON
3. (b) If veteran, name war: NONE
3. (c) Social Security No.: NONE
4. Sex: FEMALE 2
5. Color or race: White
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife: A. P. ANDERSON
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: FEBRUARY (Month) 24 (Day) 1868 (Year)

8. AGE: Years 79 | Months 5 | Days 27 | If less than one day hr. min.

9. Birthplace: INDIANA (City, town, or county) (State or foreign country) 1
10. Usual occupation: AT HOME
11. Industry or business:
MOTHER FATHER
12. Name: B. F. WALSTON
13. Birthplace: UNKNOWN (City, town, or county) NEW YORK (State or foreign country)
14. Maiden name: RACHEL PATE
15. Birthplace: (City, town, or county) ILLINOIS (State or foreign country) 1
16. (a) Informant: Myrtle Carr
(b) Address: 317 So. Hamilton Neosho Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 8-23-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: NEOSHO I.O.O.F. CEM.
18. (a) Signature of funeral director: Corby Thompson
(b) Address: Neosho Mo
19. (a) Aug. 27, 1947 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 21 year 1947 hour 9:35 minute P.M.
21. I hereby certify that I attended the deceased from Dec 21, 1946, to Aug 21, 1947; that I last saw her alive on July 6, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
PULMONARY HEMORRHAGE	5 MIN
Due to: PULMONARY CONGESTION	1 YEAR
Due to: CHRONIC CONGESTIVE HEART DISEASE	10 YEARS
Other conditions: MYOCARDITIS (Include pregnancy within 3 months of death)	

Major findings:
Of operations: NO
Of autopsy: NO

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 0

23. Signature: Harold C. Ruth (M. D.)
Address: Neosho Mo Date signed: 27 Aug 47

(Licensed Embalmer's Statement on Reverse Side)

SEP 18 1947

RECEIVED

District Health Officer No.

District File Number 947-176

Date Filed 9-8-47

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Corley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.