

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 20 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28537

Registration District No. 270

Primary Registration District No. 5909

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Rural Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home Rural route 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community About 1 Year
years, months or days)

3. (a) PRINT FULL NAME Julia Westry Anderson

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jerry Anderson 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased February 15, 1896
(Month) (Day) (Year)

8. AGE: Years 51 Months 5 Days 27 If less than one day hr. _____ min. _____

9. Birthplace Phillips, Co., Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation House-wife

11. Industry or business _____

MOTHER FATHER { 12. Name Kit Barfield
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Jerry Anderson

(b) Address Caruthersville, Mo. R. 1

17. (a) Burial (b) Date thereof 8/17/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morgan Ridge Cemetery

18. (a) Signature of funeral director H. S. Smith Funeral Home

(b) Address Caruthersville, Mo.

19. (a) 8/18/47 (b) Lessie B. Wilk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78
(c) City or town Caruthersville R.R. 1 ()
(If outside city or town limits, write "RURAL")
(d) Street No. Rural route 1 ()
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12
year 1947 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from 7-28-47
_____, 19____, to 8-4- 19____

that I last saw her alive on 8-4-47, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration _____

Due to Decomposed 220
Heart & Cardiac
enlargement

Due to Hypertension ?

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

Major findings:
Of operations _____

Of autopsy 75C

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?

While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature D. S. Cook (M. D. or other) _____

Address Sawyer Bldg Caruthersville Date signed 8/13/47

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

8-47-241

REC-25 1944

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

William D. Duke, Registered Apprentice No. 440
working under my personal supervision.

Signed

James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Bartholomew, 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.