

FILED OCT 10 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31758

State File No. _____

Registration District No. 87

Primary Registration District No. 3040

Registrar's No. 124

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Chillicothe City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 hrs.
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Caldwell 18
(c) City or town "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROXIE ANDERSON

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Joseph L. Anderson 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased October 20, 1908
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 11 — hr. — min.

9. Birthplace Boone County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Farming

12. Name Robert Craigo 9

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

14. Maiden name Burne Emma Craigo

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

16. (a) Informant Mrs. Joseph L. Anderson

(b) Address Bruckneridge, Mo.

17. (a) Removal (b) Date thereof 9/23/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia, Mo.

18. (a) Signature of funeral director Geo. C. Michael

(b) Address Praymer, Mo.
19. (a) Sept-20-47 (b) Frances B Neel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 29
year 1947 hour 10 minute 25 P.M.

21. I hereby certify that I attended the deceased from 129 Sept 1947 to 19 Sept 1947
that I last saw h. a alive on 19 Sept 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Shock due to ruptured ectopic pregnancy

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

Major findings: Of operations _____
Of autopsy _____

Duration
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 V. D. Vandiver (M. D. or other) 0
Address Chillicothe, Mo. Date signed 20 Sept 47

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

AUG 18 1954

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 Gene C. Michael

Licensed Embalmer No. 4340

P. O. Address Braymer, 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.