

FILED FEB 18 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44701

State File No.

Registration District No. 237

Primary Registration District No. 4-246

Registrar's No. 1

1. PLACE OF DEATH:

- (a) County Montgomery
(b) City or town Montgomery
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution 70 yrs (Specify whether years, months or days)
In this community 70 yrs

3. (a) PRINT FULL NAME Mary Jane Anderson

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

4. Sex F 3 5. Color or race C 6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife W.R. Anderson 6. (c) Age of husband or wife if alive / years
7. Birth date of deceased April 14 th 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 8 2 / hr. / min.

9. Birthplace Callaway Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

12. Name XXXXX Stewart 9
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant William Anderson
(b) Address Montgomery City Mo
17. (a) Burial (b) Date thereof 12-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Montgomery City Cem

18. (a) Signature of funeral director C. W. Hopkins
(b) Address Montgomery City Mo
19. (a) Jan 2 1948 (b) Curian I. Lewis
(Date received local registrar) (Registrar's signature) 7-2-48

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Montgomery 70
(c) City or town Montgomery (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 /

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16 th
year 1947 hour 8 minute 45 p.M.

21. I hereby certify that I attended the deceased from 1 st 19 36 to Dec 16 19 47
that I last saw her alive on Dec 16 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Sudden

Due to Chronic Hypertension 11-15 yrs

Due to Generalized Arteriosclerosis 11-15

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

Major findings: Of operations none 93

Of autopsy none

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) no
(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 E. J. T. Anderson (M. D. or other) MD
Address Montgomery City Mo Date signed 12/17/47

RECEIVED
District Health Officer No. 9,
Wichita Falls, Texas
Date Filed 2/11/48

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, on the 16 th
of Dec 1947, Registered Apprentice No. _____,
working under my personal supervision.

Signed C. W. Hopkins

Licensed Embalmer No. I487

P. O. Address Montgomery City 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.