

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1964

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
317 N. Prospect
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All Her Life
years, months or days

3. (a) PRINT FULL NAME SHARON KAY ANDERSON

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

4. Sex F. / race W. 5. Color or _____
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased May 13, 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 7 22 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Jesse Leon Anderson
13. Birthplace Appleton City Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Helen M. Martin
15. Birthplace Clarksburg Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse Leon Anderson
(b) Address 317 N. Prospect Sedalia Mo

17. (a) Burial (b) Date thereof 1-6-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director W. J. Dillard
(b) Address Sedalia Mo

19. (a) 1-6-48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 317 N. Prospect
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 5
year 1948 hour 8 minute 15 a. M.

21. I hereby certify that I attended the deceased from
January 1, 1948, to January 5, 1948
that I last saw her alive on January 5, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, acute, toxic

Due to acute infection

Due to _____

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

Major findings:
Of operations _____

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?

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

23. Signature W. J. Dillard (M. D. or other) W. J. Dillard
Address Sedalia, Missouri Date signed 1-5-48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-12-48

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, or by.....

Frank S. Coffman Jr., Registered Apprentice No. 16,
working under my personal supervision.

Signed

John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Sedalia, 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.