

FILED MAR 19 1948

Registration District No. 10

Primary Registration District No. 3002

State File No.

Registrar's No. 40

1. PLACE OF DEATH:

(a) County ANDRAIN
(b) City or town MEXICO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ANDRAIN County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mos 1 wks (Specify whether years, months or days)
In this community 3 mos 1 wks

3. (a) PRINT FULL NAME MARY TUCKER ANDERSON

3. (b) If veteran, name war AAA 3. (c) Social Security No. 2

4. Sex FEMALE 5. Color or race white 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife THOMAS E. ANDERSON 6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 17 1860 (Month) (Day) (Year)

8. AGE: Years 87 Months 4 Days 15 If less than one day hr. min.

9. Birthplace Ralls County MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation HOME MAKER

11. Industry or business

12. Name Mathew Rice
13. Birthplace Ralls Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name Jane Rice
15. Birthplace Ralls Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant John E. Marrett
(b) Address Curryville Mo.
17. (a) BURIAL (b) Date thereof March 6 1948 (Month) (Day) (Year)
(c) Place: burial or cremation VANDALIA CEMETERY

18. (a) Signature of funeral director H. S. Waters
(b) Address Vandalia Missouri
19. (a) 3/6/48 (b) Blanche Neely (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ANDRAIN
(c) City or town VANDALIA (If outside city or town limits, write "RURAL")
(d) Street No. 405 E. WASHINGTON ST (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3 year 1948 hour 11 minute 0 M.

21. I hereby certify that I attended the deceased from Nov 18 1947 to 3-3-48, 1948
that I last saw him alive on 3-3-, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to arteriosclerosis

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

Major findings: Of operations 186A
Of autopsy 1818

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) (c) Means of injury 0
23. Signature Francis J. Kelly (M. D. or other) MD
Address Mexico, Mo. Date signed 3/6/48

RECEIVED
District Health Officer No. 3-48-51
District File Number
Date Filed MAR 17 1948

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 William B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. *april*

Registrar's No. *40*

Registration District No. *10*

Primary Registration District No. *3002*

1. PLACE OF DEATH:

(a) County *Audrain*
(b) City or town *Mexico*
(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 (Specify whether

In this community
years, months or days)

3. (a) PRINT
FULL NAME

Mary J. Anderson

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex *F* Color or
race *W*

6. (a) Single, widowed, married,
divorced *wid*

6. (b) Name of husband or wife 6. (c) Age of husband or wife if
alive years

7. Birth date of deceased *Oct 17 1880*
(Month) (Day) (Year)

8. AGE: Years *57* Months *4* Days *18* If less than one day
min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (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 *May*
year *1948* hour minute M.

21. I hereby certify that I attended the deceased from
19 to 19

that I last saw him alive on
and that death occurred on the date and hour stated above.
Immediate cause of death

Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) *Accident L*

(b) Date of occurrence *11-18-47*

(c) Where did injury occur? *Home*
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? *Yes* (Specify type of place) (e) Means of injury *Fall*

23. Signature *Frank J. Miller* (M. D. or other) *Mo*

Address *Meriden Mo* Date signed *4/2/48*

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

SUPPLEMENTARY

1978

8-12-1978