

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 20 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **118393**

Registration District No. **215**

Primary Registration District No. **6783**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Miller**
(b) City or town **Rural Richwood Twp.**
(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 **50 yrs.** years, months or days

3. (a) PRINT FULL NAME **Sylvia Elizabeth Anderson**

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

4. Sex **R** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **M. F. Anderson** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Oct. 8, 1868**
(Month) (Day) (Year)

8. AGE: Years **79** Months **5** Days **27** If less than one day
hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Martin Nelson**
13. Birthplace **Denmark** (City, town, or county) (State or foreign country)
14. Maiden name **Vienna Bowers**
15. Birthplace **D.K.** (City, town, or county) (State or foreign country)

16. (a) Informant **Homer Anderson**
(b) Address **Crocker Mo. Rural**

17. (a) **Burial** (b) Date thereof **4-7-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Tyler Cemetery**

18. (a) Signature of funeral director **J. L. Hoops & Sons**
(b) Address **Crocker, Mo.**

19. (a) **April 14-48** (b) **Jessie Perkins**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Miller**
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **5** year **1948** hour **12:30** minute **A** M.
21. I hereby certify that I attended the deceased from **1948 to April 15, 1948**
that I last saw her alive on **Jan. 12, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**
Due to **Arterial sclerosis**
Due to _____

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

Major findings:
Of operations _____

Of autopsy **gft**
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) (a) Means of injury _____
23. Signature **J. L. Hoops** M. D. or other _____
Address **Crocker, Mo.** Date signed **4-6-48**

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

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 Paul B. Hooper

Licensed Embalmer No. 3261

P. O. Address Waynesville, N.C.

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.