

FILED JUL 15 1948

Registration District No. 291

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4433

State File No. 20429

Registrar's No. 44

1. PLACE OF DEATH:

(a) County PUTNAM
(b) City or town UNIONVILLE
(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 73 YEARS
years, months or days)

3. (a) PRINT FULL NAME

KATE ANDERS

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex FEMALE
5. Color or race WHITE

6. (a) Single, widowed, married,
divorced WIDOWED

6. (b) Name of husband or wife
JAMES W ANDERS

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

7. Birth date of deceased OCTOBER
(Month)

II 1871
(Day) (Year)

8. AGE: Years Months Days
76 6 26

If less than one day
hr. min.

9. Birthplace MILLERSBURG
(City, town, or county)

OHIO
(State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business HOUSEHOLD

12. Name ABLE WEST

13. Birthplace
(City, town, or county)

OHIO
(State or foreign country)

14. Maiden name RACHEL SEVERNS

15. Birthplace ALLECHANIA
(City, town, or county)

PENN.
(State or foreign country)

16. (a) Informant Neva Knight
(b) Address UNIONVILLE, MO.

17. (a) BURIAL (b) Date June 9-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation THOMPSON CEMETERY

18. (a) Signature of funeral director COMSTOCK FUNERAL HOME

(b) Address UNIONVILLE, MO. BY J. W. Comstock

19. (a) 7-10-48 (b) Marshall Dushin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PUTNAM
(c) City or town UNIONVILLE
(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 June day 7
year 1948 hour 2 minute 10 P. M.

21. I hereby certify that I attended the deceased from June 1 1948 to June 7 1948
that I last saw her alive on June 7 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Septicemia
Causing gangrene
Due to
Due to

Other conditions arteriosclerosis
(Include pregnancy within 3 months of death)
hypertension

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)
(or) Means of injury
23. Signature Phas L. Smith (M. D. or other)
Address Unionville, MO Date signed 6-8-48

876191711A

RECEIVED
District Health Officer No. 10
District File Number 7-48-122
Date Filed JUL 13 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.....
Richard P. Cassidy....., Registered Apprentice No. 76
working under my personal supervision.

Signed James W. Comstock
Licensed Embalmer No. 4197
P.O. Address Unionville, 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.