REGISTRAR'S OFFICE COPY
FILED AUG 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22054

Registration District No. 4 — Primary Registration District No. 5023 — Registrar's No. 28

1. PLACE OF DEATH:
(a) County: Atchison
(b) City or town: Rural. Clay Twsp (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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Atchison 3
(c) City or town: Rural. Clay Twsp. (If outside city or town limits, write "RURAL") 0
(d) Street No. ..... 0 (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: Unice Anderson
3. (b) If veteran, name war: x
3. (c) Social Security No.: x
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Grant Anderson
6. (c) Age of husband or wife if alive: 83 years
7. Birth date of deceased: 9 (Month) 13 (Day) 1863 (Year)

8. AGE: Years 84 | Months 9 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace: Atchison Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: .....
MOTHER FATHER
12. Name: Samuel Scamman
13. Birthplace: Indiana / (City, town, or county) (State or foreign country)
14. Maiden name: Nancy King
15. Birthplace: Indiana / (City, town, or county) (State or foreign country)
16. (a) Informant: S. G. Anderson
(b) Address: Rock Port. Mo.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/8/1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Millsap Cem.
18. (a) Signature of funeral director: Bartholomew Mortuary
(b) Address: Rock Port. Mo.,
19. (c) 7/8/'48 (Date received local registrar) (b) Betty Crabtree (Registrar's signature) 4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1948 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from June 28, 1948, to July-6-, 1948, that I last saw her alive on July -6-, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Influenza	3 Wks.
Followed with Effusion in R.	
Plural Cavity	10 Dys.
Due to:	
Other conditions: Senile Debility (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy: No. Autopsy 33B	

PHYSICIAN — Underline the cause of 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? ..... (Specify type of place) 0
While at work? ..... (e) Means of injury .....
23. Signature: J. M. Davis (M. D.)
Address: Tarkio Mo. Date signed: 7-7-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

This body was not embalmed. Registered Apprentice No.

working under my personal supervision.

Signed Grant Bartholomew

Licensed Embalmer No. 3173

P. O. Address Rock Port. 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.