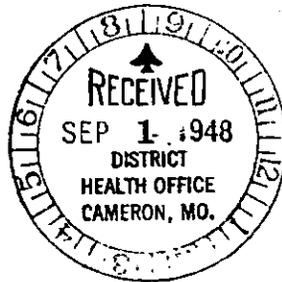


13
10

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

BIRTH NO. _____		REG. DIST. NO. <u>46</u>		PRIMARY REG. DIST. NO. <u>4063</u>		Registrar's No. <u>32</u>		
1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before death, if institution). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hamilton</u>		c. LENGTH OF STAY (in this place) <u>7 1/2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hamilton</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>322 So Ardinger ST</u>				d. STREET ADDRESS (If rural, give location) <u>322 So Ardinger</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bell</u> b. (Middle) _____ c. (Last) <u>Anderson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 22, 1949</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec 3, 1871</u>		
9. AGE (In years last birthday) <u>77</u>		Months <u>8</u>		Days <u>19</u>		Hours <u>-</u> Min. <u>-</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Household</u>		11. BIRTHPLACE (State or foreign country) <u>Hamilton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Theodore Tuthill</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Francis Lee</u>			14. NAME OF HUSBAND OR WIFE <u>Charles S. Anderson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Charles S. Anderson</u> ADDRESS <u>Hamilton, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinomatosis.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary in tail of Pancreas.</u> <u>1 yr.</u>								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>157X</u>		
19a. DATE OF OPERATION <u>April 11, 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Multiple Carcinoma Omentum & Pancreas.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>March 1, 1949</u> , to <u>Aug 22, 1949</u> , that I last saw the deceased alive on <u>Aug 22, 1949</u> , and that death occurred at <u>6:15 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Herbert R. Booth M.D.</u> (Degree or title)				23b. ADDRESS <u>Hamilton Mo</u>		23c. DATE SIGNED <u>8/24/49.</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 24, 1949</u>		24c. NAME OF SEMETERY OR CREMATORY <u>Highland Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Hamilton Mo</u>		
DATE REC'D BY LOCAL REG. <u>Aug 24/49</u>		REGISTRAR'S SIGNATURE <u>Gladys Jones</u> <u>37</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Pratt Funeral Home</u> ADDRESS <u>Hamilton Mo.</u>				

APR 24 1958



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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3052

P. O. Address *Hamilton 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.