

FILED FEB 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

684
State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>DUNKLIN</u> b. CITY OR TOWN <u>KENNETT</u> c. LENGTH OF STAY (in this place) <u>5 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>207 Holt Street</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>DUNKLIN</u> c. CITY OR TOWN <u>KENNETT</u> d. STREET ADDRESS (If rural, give location) <u>404 ANTHONY</u>			
3. NAME OF DECEASED (Type or Print) <u>MARY ALBERTINE ANDERSON</u>		a. (First) <u>MARY</u>		b. (Middle) <u>ALBERTINE</u>		c. (Last) <u>ANDERSON</u>	
4. DATE OF DEATH <u>JANUARY 26, 1950</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>10-16-1866</u>		9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired housewife</u>		11. BIRTHPLACE (State or foreign country) <u>ARKANSAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>unknown JOHNSON</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>THOMAS J. ANDERSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>x Cuthbert S. MOORE</u>		ADDRESS <u>207 HOLT ST. KENNETT, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE.</u> INTERVAL BETWEEN ONSET AND DEATH <u>50 HRS.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒		331x	
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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-25</u> , 19 <u>50</u> , to <u>1-26</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-25</u> , 19 <u>50</u> , and that death occurred at <u>3:40 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>George J. Gilman, D.O.</u>		(Degree or title)		23b. ADDRESS <u>KENNETT, MISSOURI</u>		23c. DATE SIGNED <u>1-26-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-29-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK RIDGE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KENNETT, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>Jan 27-1950</u>		REGISTRAR'S SIGNATURE <u>Carl H. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>EMERSON ...</u>		ADDRESS <u>Hornersville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Rec. DUNKLIN COUNTY HEALTH DEPARTMENT
KENNETT, MISSOURI 1-30-50

County File No. 150-36

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed: Sam T. Emerson

Licensed Embalmer No. 895

P. O. Address Yonkers, N.Y.

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.