

FILED APR 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9374

State File No.

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 4346 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Montgomery City</u>		c. LENGTH OF STAY (in this place) <u>4 years</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) <u>Montgomery City</u>	
		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Margaret</u> c. (Last) <u>Anderson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 29, 1951</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>Feb. 19, 1865</u>
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>10</u>	IF UNDER 24 HRS. Hours <u>10</u> Min.
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>Home</u>	11. BIRTHPLACE (State or foreign country) <u>North Henderson, Illinois</u>
		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Louis Koons</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine (Unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Peter John Anderson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anderson</u> ADDRESS <u>Montgomery City 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>apoplexy</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic hypertension</u> DUE TO (c) <u>Chronic myocarditis</u> 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 <u>443X</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)		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>May</u> , 19 <u>49</u> , to <u>Mar. 29</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Mar 28</u> , 19 <u>51</u> , and that death occurred at <u>7:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Edwan Arsdale D.O.</u>		23b. ADDRESS <u>Montgomery City, Mo</u>	23c. DATE SIGNED <u>3-30-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 31, '51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Montgomery Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Montgomery City, Mo.</u>
DATE REC'D BY LOCAL REG. <u>4-2-51</u>	REGISTRAR'S SIGNATURE <u>Bernice E. Wyatt</u>	434	25. FUNERAL DIRECTOR'S SIGNATURE <u>Blanket Funeral Home</u> ADDRESS <u>Montgomery City, Mo.</u>

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

0700

0700

File No. _____
DISTRICT HEALTH OFFICE No. 4
APR 13 1951

RECEIVED

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 on

this 30th of March 1951 Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed E. Boone Schlander

Licensed Embalmer No. 4136

P. O. Address Montgomery City, 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.