

FILED MAR

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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6029

BIRTH NO. _____		REG. DIST. NO. 277		PRIMARY REG. DIST. NO. 5949		Registrar's No. 7	
1. PLACE OF DEATH a. COUNTY <u>PIKE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>			
b. CITY OR TOWN <u>Rural Duane</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Bowling Green</u>		0820	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOLME</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Dorothy</u>		b. (Middle) <u>—</u>		c. (Last) <u>Anderson</u>	
4. DATE OF DEATH		(Month) <u>Feb</u>		(Day) <u>26</u>		(Year) <u>1952</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>Dec. 3 1864</u>	
9. AGE (In years last birthday) <u>87</u>		10. BIRTHPLACE (State or foreign country) <u>Denmark</u>		11. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		13. FATHER'S NAME <u>Jensen Mortensen</u>		13b. MOTHER'S MAIDEN NAME <u>Sophia D K</u>	
13. FATHER'S NAME <u>Jensen Mortensen</u>		13b. MOTHER'S MAIDEN NAME <u>Sophia D K</u>		14. NAME OF HUSBAND OR WIFE <u>Jorgan 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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dora Weber</u>		17. ADDRESS <u>Bowling Green Mo</u>		18. CAUSE OF DEATH	
18. CAUSE OF DEATH		19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <u>4222</u>		22. I hereby certify that I attended the deceased from _____, 19 <u>50</u> , to <u>2-26</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2-25</u> , 19 <u>52</u> and that death occurred at <u>9 a</u> m., from the causes and on the date stated above.	
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? _____		23a. SIGNATURE (Degree or title) <u>J M Michaux Jr</u>	
23a. SIGNATURE (Degree or title) <u>J M Michaux Jr</u>		23b. ADDRESS <u>Bowling Green Mo</u>		23c. DATE SIGNED <u>2-27-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-28-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>	
DATE REC'D BY LOCAL REG. <u>2/29/52</u>		REGISTRAR'S SIGNATURE <u>Bill Robinson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Grace Bankhead</u>		ADDRESS <u>Bowling Green Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

706191 AM

### 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 \_\_\_\_\_

Licensed Embalmer No. 4597

P. O. Address Bowling Green

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.