

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

10938  
Do not use this space.

REC'D APR 18 1939

**1. PLACE OF DEATH**

(a) County Henry Registration District No. 347  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3018 Registered No. \_\_\_\_\_  
 (c) City Clinton (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 22 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** 536 Minnie L. Anderson

(a) Residence, No. Clinton Mo St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ben Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-4-1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
51 0 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Golden Mo

FATHER 13. NAME Ben Kinder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co Mo

MOTHER 15. MAIDEN NAME Flora Kneegg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Ben Anderson  
Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Anglemwood DATE 3-7-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred C. Wilkinson  
Clinton Mo

20. FILED 3-7-39 Ad J B Hamlin  
Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-5-1939

22. I HEREBY CERTIFY, That I attended deceased from Several years, 19\_\_\_\_, to March 5, 1939

I last saw her alive on March 5, 1939 Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

Exophthalmic goiter Years 66 duration on

Other contributory causes of importance: 66

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO

(Signed) S. W. Woltje, M. D.  
 (Address) Clinton, Missouri

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 71

District File Number 7-39-66

Date Filed 4-12-39

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**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**