

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

AGE: 3-11-39 I X1951

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 43483

JAN 21 1940 347  
Registration District No. 3028

Primary Registration District No. 3028

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH 2  
(a) County Henry  
(b) City or town Clinton Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days 831

2. USUAL RESIDENCE OF DECEASED: 1  
(a) State Mo (b) County Henry  
(c) City or town Clinton Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 724 E Grandriver  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ✓ years.

3. (a) PRINT FULL NAME Nellie Anders  
(b) If veteran, name war ✓ (c) Social Security No. ✓  
4. Sex Fe 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife H. J. Anders 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 8-26-1899  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 12 day 3  
year 1939 hour 9 minute 20 P.M.  
21. I hereby certify that I attended the deceased from about 6  
ago, 1939 to Dec 3<sup>rd</sup>, 1939.  
that I last saw her alive on Dec 3<sup>rd</sup>, 1939  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
40 3 7 hr. \_\_\_\_\_ min.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Pulmonary Tuberculosis  
Due to \_\_\_\_\_  
Due to 23  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: None  
Of operations \_\_\_\_\_  
Of autopsy None

9. Birthplace Clinton Mo  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife  
11. Industry or business \_\_\_\_\_  
12. Name John E Sperry  
13. Birthplace Warsaw Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Amanda Crockett  
15. Birthplace Shelby Co Ill  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Nellie Anders  
(b) Address \_\_\_\_\_  
17. (a) Burial (b) Date thereof 12-7-39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Englewood Clinton Mo  
18. (a) Signature of funeral director Fred Wilkey  
(b) Address Clinton Mo  
19. (a) 12-11-39 (b) W. R. Humphreys  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Ed S. Vetter (M. D. or other) \_\_\_\_\_  
Address Clinton Mo Date signed 12/4/39

FEB 5 1950

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RECEIVED

District Health Officer No. 7<sub>2</sub>

District File Number 7-40-276

Date Filed 1-9-40

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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

*Fred Wilkinson*

Licensed Embalmer No. 7478

P. O. Address *Clinton 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, above space should be left blank.