

FILED APR 18 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. O. S. ...
State File No. 13253

Registration District No. 137

Primary Registration District No. 2023

Registrar's No. 94

1. PLACE OF DEATH:

(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:
Home Rest Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
Specify whether
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ruth Ann Anderson
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 6
year 1947 hour 11:15 minute _____ A.M.
21. I hereby certify that I attended the deceased from 3/28 1947 to 4-6 1947
that I last saw her alive on 4-5 1947
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: 2-14-1855
(Month) (Day) (Year)

Immediate cause of death: Pulmonary Embolism Duration 2 days

8. AGE: Years 92 Months 1 Days 22 hr. _____ min. _____
If less than one day

Due to Bed Sores from confinement to bed a bout 12 months
Due to Fracture left femur

9. Birthplace Henry Co. Mo.
(City, town or county) (State or foreign country)

Other conditions (include preceptor within 3 months of death)
Major findings: _____
Of operations: _____
Of autopsy: _____

11. Industry or business _____

12. Name John Clinton Akers
13. Birthplace Howard Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Julia B. Owens
15. Birthplace Henry Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant W. D. Anderson
(b) Address Clinton Mo.

17. (a) Burial (b) Date thereof 4-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Paul Christy

18. (a) Signature of funeral director Ed Wilkins
(b) Address Clinton Mo.

19. (a) 4-8-47 (b) R. R. Remney
(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? at home
While at home (Specify type of place) Means of injury fall

23. Signature Ed E. Peeler (M. D. or other) _____
Address Clinton Mo Date signed 4/8/47

PHYSICIAN
Underline the cause of which death should be charged statistically.

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

12
1
2

120

RECEIVED
District Health Officer No. 7,
District File Number 3-47-447
Date Filed 4-17-47

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.....

Fred W. McKin....., Registered Apprentice No. 434
working under my personal supervision.

Signed *Fred W. McKin*
Licensed Embalmer No. 2478

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, fact should be so stated above.