

REC'D FEB 21 1939

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

1636
Do not use this space.

1. PLACE OF DEATH

(a) County BUCHANAN Registration District No. 85
 (b) Township WASHINGTON Primary Registration District No. 1001 Registered No. 34
 (c) City ST. JOSEPH (d) Street No. ST. JOSEPH'S HOSPITAL 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 536 MRS. ELIZABETH REBECCA ANDERSON

(a) Residence, No. 611 MARY STREET 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 <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>DIVORCED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>UNKNOWN</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MAY 12, 1894</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>8</u>
	DAYS <u>0</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>HOUSEWIFE</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>HOME</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>KANSAS CITY, KANSAS</u>		
FATHER	13. NAME <u>ARCHIBALD CORNELIUS</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ILLINOIS</u>	
MOTHER	15. MAIDEN NAME <u>BELLE MACDRIES</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN ILLINOIS</u>	
17. INFORMANT (ADDRESS) <u>DAVE LAMB, KANSAS CITY, KANSAS,</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>ST. AUBURN CEM</u> DATE <u>Jan 14, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>FLEEMAN & SON INC. 1945 COLHOUN, ST. JOSEPH, MO.</u>		
20. FILED <u>Jan 13 1939</u> <u>A. J. Meattelbach</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN, 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from see Jan 12, 1939, to Jan 12, 1939
 I last saw him ER alive on Jan 11, 1939. Death is said to have occurred on the date stated above, at 4:00 P. M.
 The principal cause of death and related causes of importance were as follows:
Bronchopneumonia see 58
34
 Other contributory causes of importance:
Heart disease years
Myocardial decompensation 4 yr
sphilitic ?
 Name of operation..... 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
 If so, specify.....
 (Signed) L. J. Mason M. D.
 (Address) St. Joseph, Mo

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.

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, JOHN E. RUPP

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

John E. Rupp

Licensed Embalmer No. 9986

1946 COLHOUN ST.
P. O. Address ST. JOSEPH, MISSOURI.

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.