REC'D FEB 21 1939

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

1710
Do not use this space.

11

1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 83

(b) Township Crawford, Primary Registration District No. 5124 Registered No.

(c) City (d) Street No. 8 Mi. So. St. Joseph, Union Road 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 69 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 536 Sarah Frances Anderson,

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan'y 22, 1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	91	0	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home,
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smith County, Virginia, 1

FATHER
13. NAME Charles Humphries, 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown, 9

MOTHER
15. MAIDEN NAME Unknown,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

17. INFORMANT (ADDRESS) J. B. Anderson Faucett, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Old Union Cem. DATE Feb'y 8th. 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Heaton-Beyold Bauman St. Joseph, Mo. Funeral Home

20. FILED 2/7. 1939 W S Hull Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb'y 6th. 1939

22. I HEREBY CERTIFY, That I attended deceased from Jany 31st 1939, to Feby 6th 1939
I last saw her alive on Feby 6th 1939. Death is said to have occurred on the date stated above, at 1:15 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Combination Uraemic Poisoning & apoplexy	Unk

Other contributory causes of importance:

Chronic Nephritis	1/1924

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.
If so, specify
(Signed) Benjamin M. Riles D.O., M.D.
(Address) DeKalb, Mo. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, Feby. 6th 19

✓, or by ✓

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

Signed W E Summerfield

Licensed Embalmer No. 3007

P. O. Address 369 So 10th St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.