

DEC'D MAR 20 1939

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

6834

Do not use this space.

1. PLACE OF DEATH

(a) County JASPER Registration District No. 411
(b) Township GALENA Primary Registration District No. 2002 Registered No. _____
(c) City JOPHIN (d) Street No. ST. JOHN'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. ds.

2. PRINT FULL NAME

576 SANDRA ANN ANDERSON
(a) Residence, No. 418 1/2 JOPHIN ST 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) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-7-39

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) JOPHIN
(STATE OR COUNTRY) MISSOURI

FATHER 13. NAME WARREN ANDERSON

14. BIRTHPLACE (CITY OR TOWN) no Record
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME KATHLEEN THIRSTON

16. BIRTHPLACE (CITY OR TOWN) CARTERVILLE
(STATE OR COUNTRY) MO

17. INFORMANT MRS. Nellie Thirston
(ADDRESS) 418 1/2 JOPHIN ST

18. BURIAL CREMATION OR REMOVAL Carterville Rem DATE 2-8-39

19. FUNERAL DIRECTOR (NAME) HURBUT UND Co
(ADDRESS) 210 JOPHIN ST, JOPHIN, MO

20. FILED 2-8-39 Ed D. James
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7-39, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11 21, 1939, to 2-7, 1939
I last saw him alive on 2-7, 1939 Death is said to have occurred on the date stated above, at 1:00 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset _____
Peritonal (1/2 mgmt)
Other contributory causes of importance: 159
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____
(Signed) Ed D. James, M. D.
(Address) Joplin, Mo

RECEIVED

District Health Officer No. 6,

District File Number

6-39-607

Date Filed

MAR 10 1939

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.