

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

10187  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Buchanan / Registration District No. 85  
 (b) Township ..... Primary Registration District No. 1001 Registered No. 260  
 (c) City St. Joseph or ..... (d) Street No. St. Joseph 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** Margarett Elizabeth Anderson

(a) Residence, No. Agency, Missouri St.  Agency, Mo.  
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 14, 1863

7. AGE YEARS 76 MONTHS 6 DAYS 10 IF LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife  
 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) Buchanan County (STATE OR COUNTRY) Missouri

13. NAME Clark Deppens

14. BIRTHPLACE (CITY OR TOWN) don't know (STATE OR COUNTRY) .....

15. MAIDEN NAME Francis Pierce

16. BIRTHPLACE (CITY OR TOWN) don't know (STATE OR COUNTRY) .....

17. INFORMANT Paul R. Anderson (ADDRESS) Agency, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Emory Cemetery DATE Mar. 6, 1940

19. FUNERAL DIRECTOR (NAME) H. A. Sullins (ADDRESS) Gowey, Mo.

20. FILED MAY 5 1940 A. J. Nestlebuch Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1940 to March 4, 1940  
 I last saw her alive on March 4, 1940 Death is said to have occurred on the date stated above, at 2:25 P.M.  
 The principal cause of death and related causes of importance were as follows:

Coronary Occlusion with cardiac (Heart) Failure  
 Date of onset 2/12/40

Other contributory causes of importance: 94%  
arteriosclerosis 1930  
Senility  
adrenourterial stroke 1920

Name of operation none Date of .....  
 What test confirmed diagnosis Phys Ex. Was there an autopsy? no

23. If death was due to external cause (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? none (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify .....  
 (Signed) H. Thompson, M. D.  
 (Address) 825 Clark Street

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

FORM 9-19-38 I X16603

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.

FILED APR 12 1940

---

---

**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 H. A. Sullins.....

Licensed Embalmer No. 1738.....

P. O. Address Gower, 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.**