

NOV 2 1940  
STANDARD CERTIFICATE OF DEATH

State File No.

35867

Registration District No.

582

Primary Registration District No.

4344

Registrar's No.

35

## 1. PLACE OF DEATH:

(a) County MONROE  
 (b) City or town PARIS  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
COOPES AVE  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 60 yrs (Specify whether years, months or days)

8. (a) PRINT FULL NAME MARY CATHERINE ANDERSON8. (b) If veteran, name war NONE 8. (c) Social Security No. NONE4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED6. (b) Name of husband or wife JANN ANDERSON 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased JUNE 11, 1860  
(Month) (Day) (Year)8. AGE: Years 80 Months 3 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace DENMARK  
(City, town, or county) (State or foreign country)10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

12. Name (FATHER) (FIRST NAME N.K.) THOMPSON13. Birthplace DENMARK  
(City, town, or county) (State or foreign country)14. Maiden name N. K.15. Birthplace DENMARK  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Dora Rame(b) Address PARIS, MO17. (a) BURIAL (b) Date thereof 10-9-40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation WALNUT GROVE18. (a) Signature of funeral director Speed Tolaky(b) Address PARIS, MO19. (a) 10-6-40 (b) J. O. Barnett, Jr.  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE  
 (c) City or town PARIS  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. COOPES AVE  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 62 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH, Month OCT day 6<sup>TH</sup>  
year 1940 hour 6 minute 30 P. M.21. I hereby certify that I attended the deceased from Sept 25  
1940 to Oct 6, 1940that I last saw her alive on Oct 4, 1940  
and that death occurred on the date and hour stated above.Immediate cause of death Chronic Myocarditis Duration About 2 yrs

Due to \_\_\_\_\_

Due to H & C

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically

## 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature M. C. M. Munn (M. D. or other) \_\_\_\_\_Address PARIS, MO Date signed 10-6-40

RECEIVED

District Health Officer No. 10

District File Number 11-40-2111

Date Filed NOV 11 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.....

Licensed Embalmer No. 2616

P. O. Address Paris, Ma

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.