

No. 2
1-4-41
-17-39
X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39679

State File No. _____

FILED DEC 18 1941

Registration District No. _____

Primary Registration District No. 6098

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Berrie Liberty Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community About 3 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard
(c) City or town Berrie, Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Berrie Mo. R#1
(If rural, give location)
(e) Citizen of foreign country? Citizen (Yes or No)
If yes, name country Stoddard Co Mo

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 28
year 1941 hour 1 minute P. M.
21. I hereby certify that I attended the deceased from 6-16-
1941 to 11-28- 1941
that I last saw her alive on 11-7- 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Sugar
Diabetes
Duration 22 months

Due to _____
Due to _____
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? _____

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

23. Signature Dawsey, Russ (M. D. or other)
address Berrie, Mo Date signed 11-29-41

3. (a) PRINT FULL NAME Lora Geneva Anderson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 18 1917
(Month) (Day) (Year)

8. AGE: Years 24 Months 2 Days 10
If less than one day _____ hr. _____ min.

9. Birthplace Oregon County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business _____

12. Name Walter E. Anderson

13. Birthplace Lawrence County Ark.
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. Jane Drake

15. Birthplace Oregon County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Walter E. Anderson
(b) Address Berrie Mo.

17. (a) _____ (b) Date thereof 11 29 41
(Burial, exhumation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berrie Ceme.

18. (a) Signature of funeral director Duncan Funeral home
(b) Address Berrie Mo

19. (a) 12-1 41 (b) Laura Hopkins
(Date received local registrar) (Registrar's signature) address _____

X43 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

203

RECEIVED

District Health Office No.

District File Number 1241-168

Date Filed 12/11/41

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, fact should be so stated above.