

FILED JUN 11 1942

Primary Registration District No. 0233

Registrar's No. 57-2

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

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt. Vernon, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. St. Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 31 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Faucett, Route #1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret Elizabeth Anderson

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

4. Sex Female / 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 11 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 7 Days 5 If less than one day hr. _____ min. _____

9. Birthplace Buchanan Co., Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Leander Sexton Anderson

13. Birthplace Smith County, Virginia (City, town, or county) (State or foreign country)

14. Maiden name Sarah Frances Humphries

15. Birthplace Pulaski County, Virginia (City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mt. Vernon, Mo.

17. (a) Roman Catholic (b) Date thereof 5 17 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 11

18. (a) Signature of funeral director H. D. Faucett

(b) Address Mt. Vernon, Mo.

19. (a) 5/16 42 (b) Andy Crawford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1942 hour 3:30 minute _____ P.a.m.

21. I hereby certify that I attended the deceased from 4-16-1942 to 5-16-1942
that I last saw her alive on 5-16-42, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to _____ Duration About 3 or 4 years

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 0

23. Signature Esther E. Colman (M. D. or other)

Mo. State Sanatorium Date signed 5-16-42

RECEIVED

District Health Officer No. 6,

District File Number 642-812

Date Filed JUN 9 1942

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

Mrs H.D. Fossett

Licensed Embalmer No.

2720

P. O. Address

Mt. Vernon, Mo.

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.