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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41274

Registration District No. 137

Primary Registration District No. 5508

Registrar's No. 223

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Montrose Rural  
(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) 1

(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME ANNA DALDRUP

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

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

6. (b) Name of husband or wife Fred Daldrup 6. (c) Age of husband or wife if alive 90 years

7. Birth date of deceased: (Month) 11 (Day) 6 (Year) 1864

8. AGE: Years 80 Months 1 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Missouri (City, town, or county) \_\_\_\_\_ (State or foreign country) M

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name David Schussler

13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country) 9

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country) 9

16. (a) Informant Joe Daldrup

(b) Address Montrose Mo

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof: 12 14 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Montrose, Mo

18. (a) Signature of funeral director Welling Bros

(b) Address Montrose, Mo

19. (a) December 18, 1944 (Date received local registrar) Georgia Kitchan (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Montrose Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 6 miles North West of Montrose  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12 year 1944 hour 1 minute 0 a. m.

21. I hereby certify that I attended the deceased from Dec 11 1939 to Sept 22 1944.  
that I last saw her alive on Sept 22 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to arteriosclerosis

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

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

Major findings: Of operations 930

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 W. E. Baggerly (M. D. or other) \_\_\_\_\_

Address Montrose Mo Date signed 12-13-44

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

72  
00

RECEIVED

District Health Officer No. 71

District File No.

12-44-1479

Date Filed

12-43

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 *Offe*

on the *12<sup>th</sup>* day of *DEC*, 19*44*, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*Frank Lee*

Licensed Embalmer No. *1099*

P. O. Address

*Appl. City Md*

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.