

S. No. 2  
M-2-43  
5-17-39  
-I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5671

FILED MAR 15 1945

Primary Registration District No. 3008

Registrar's No. 61

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

1. PLACE OF DEATH: Callaway  
(a) County Fulton  
(b) City or town Fulton  
(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 \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri County Callaway  
(c) City or town Fulton  
(d) Street No. 828 Westminister  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) Miss Mary Virginia Anderson  
FULL NAME  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 19  
year 1945 hour 9 minutes 5 P. M.  
21. I hereby certify that I attended the deceased from Feb 12  
1945 to Feb 19 1945  
that I last saw her alive on Feb 19 1945  
and that death occurred on the date and hour stated above.

4. Female 5. Negro 6. (a) Single Married  
race divorced  
6. (b) Name of husband Henry Anderson 6. (c) Age of husband or wife if  
Oct alive 33 years  
7. Birth date of deceased Oct 10 1918  
(Month) (Day) (Year)

Immediate cause of death Toxic psychosis  
of undetermined origin.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years 26 Months 4 Days 9  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Cook

PHYSICIAN  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name Edward Patterson  
13. Birthplace AK  
(City, town, or county) (State or foreign country)  
14. Maiden name Carrie Guest  
15. Birthplace Callaway Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Carole Telbs  
(b) Address 828 Westminister, Fulton, Mo.  
17. (a) Burial (b) Date thereof Feb 23-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation South Side Bur. Fulton, Mo.  
18. (a) Signature of funeral director Eli Bell  
(b) Address Fulton, Mo  
19. (a) Feb 23-45 (b) Joan M. M...  
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) \_\_\_\_\_  
Address Fulton, Mo Date signed 2-22-45

RECEIVED  
District Health Officer No. 9,  
District File Number.....  
Date Filed 3-14-45

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 Eli Bell  
Licensed Embalmer No. 2130  
P. O. Address Fulton, 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.