

S. No. 2  
00M-5-43  
ev. 5-17-39  
I X38671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37886

State File No. \_\_\_\_\_  
Registrar's No. 437

FILED DEC 4 1946  
Registration District No. 274

Primary Registration District No. 3052

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1809 East 16th street /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community in county 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 1809 East 16th  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nancy Ann Anderson

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Daniel Wesley Anderson

6. (c) Age of husband or wife if alive \*\*\*\* years

7. Birth date of deceased November 2, 1856  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15  
year 1946 hour 12:10 minute P. M.

21. I hereby certify that I attended the deceased from 3-2- 1946, to 11-15 1946;  
that I last saw h.ew alive on 11-15 1946;  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>90</u>	<u>0</u>	<u>13</u>	hr. _____ min. _____

Immediate cause of death Chronic myocarditis

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

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

Other conditions Chronic gastro-enteritis - Non-toxic Gastric  
(Include pregnancy within 3 months of death)

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

10. Usual occupation housewife

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

PHYSICIAN

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

Of autopsy 93D

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name John Howard

13. Birthplace Cape Girardeau County, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Minerva Childress

15. Birthplace unknown, South Carolina  
(City, town, or county) (State or foreign country)

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 J. M. Rodman (M. D. or other) M.D.  
Address Sedalia, Mo. Date signed 11-16-46

16. (a) Informant Mrs. R. N. Jones (dau.)

(b) Address 1809 East 16th, Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/17/46  
(Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cemetery  
Fruitland, Mo.

18. (a) Signature of funeral director Quarie Ewing

(b) Address Sedalia, Mo.

19. (a) 11/16/46 (Date received by local registrar) (b) Betty Yeager Registrar's signature

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 11-30-46

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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.....

*Duane Ewing*

Licensed Embalmer No. 38417

P. O. Address Bedford, 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.