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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 5 1947

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 12474

Registrar's No. 558

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 214 Fleeman St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community most of Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 214 Fleeman St.
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Mabel Clara Anderson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Thomas

6. (c) Age of husband or wife if alive not stated years

7. Birth date of deceased Jan. (Month) 15 (Day) 1879 (Year)

8. AGE: Years 68 Months 3 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Home

FATHER
12. Name John Hicks
13. Birthplace Unknown, (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Mary Lindley
15. Birthplace Unknown, (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs. David Galser (daughter)

(b) Address St. Paul, Minnesota

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/47 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director John E. Kupp

(b) Address 6054 Pryor Ave., City

19. (a) 4-25-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18, year 1947 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from April 22nd 1947, to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by Hanging

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

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) Suicide

(b) Date of occurrence April 18th 1947

(c) Where did injury occur? St Joseph (City or town) Mo, (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home no (Specify type of place)

While at work? (e) Means of injury Hanging

23. Signature B. W. Tadlock (M. D. or other) Coroner

Address KING HILL BLDG St. Joseph, Mo. Date signed 4/23/47

(Licensed Embalmer's Statement on Reverse Side)

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~~ Roland D. Clark, Registered Apprentice No. 503, working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 7986

P. O. Address St. Joseph, 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.