S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28575

FILED AUG 27 1947

Registration District No. 2474 Primary Registration District No. 5936 Registrar's No. 255

1. PLACE OF DEATH:

(a) County: Pettis

(b) City or town: Smithton 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)

(d) Length of stay: In hospital or institution: —
In this community (Specify whether years, months or days): about 78 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pettis

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

(d) Street No.: 6 miles S.W. of Smithton
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Mary Orpha Anderson

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband ~~or wife~~: Parker Anderson

6. (c) Age of husband or wife if alive: deceased

7. Birth date of deceased: Feb (Month) 1 (Day) 1869 (Year)

8. AGE: Years 78 Months 5 Days 25 If less than one day hr. min.

9. Birthplace: Smithton (City, town, or county) MO (State or foreign country)

10. Usual occupation: Nature wife

11. Industry or business:

MOTHER FATHER

12. Name: John K. Godbey

13. Birthplace: State of Kentucky (City, town, or country) (State or foreign country)

14. Maiden name: Mary Ellen Smith

15. Birthplace: State of Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: William Anderson

(b) Address: Smithton MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-28-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Flat Creek Cemetery

18. (a) Signature of funeral director: A. F. Nemmyer

(b) Address: Smithton MO

19. (a) 7-28-47 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1947 hr. 11:50 minute P M.

21. I hereby certify that I attended the deceased from July 20, 1947 to July 26, 1947; that I last saw her alive on July 25, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy with Hemiplegia	8 da
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Paralysis Agitans	5 yrs
Major findings: Of operations:	PHYSICIAN
Of autopsy:	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:

23. Signature: G. L. Walker (M. D. or other) MD

Address: Sedalia MO Date signed 7-27-47

251 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 8-26-47

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 A. F. Neuneyer

Licensed Embalmer No. 3912

P. O. Address Smithton 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.