

No. 2  
12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8045**  
Registrar's No. **84**

FILED MAR 30 1948

Registration District No. **33** Primary Registration District No. **3010**

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: Southeast Mo Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Just a few minutes  
Specify whether

In this community In County, nearly 2 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Gir 16

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

(d) Street No. 1  
(If rural, give location)

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

If yes, name country USA

3. (a) PRINT FULL NAME ANNIE ANDERSON

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 Colner Anderson 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased Jan 11, 1865  
(Month) (Day) (Year)

8. AGE: Years 83 Months 2 Days 2 If less than one day hr. min.

9. Birthplace: Columbia Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER

12. Name Henny Overshelft Germany

13. Birthplace Louis, town, or county (State or foreign country)

14. Maiden name Louise Osterhage

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Emil Pruitt

(b) Address Cape Girardeau

17. (a) Burial (b) Date thereof 3-5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles

18. (a) Signature of funeral director J. C. Miller

(b) Address Jackson

19. (a) 3-22-48 (b) C. C. Summer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 13  
year 1948 hour 5 minute 20 M.

21. I hereby certify that I attended the deceased from Feb  
1948; to Mar 13 1948;

that I last saw h. u alive on Mar 13 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction Duration 3 days

Due to metastatic carcinoma of intestines 6 mos

Due to carcinoma of ovary? year

Other conditions (Include pregnancy within 3 months of death)

Major findings: None

Of operations

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

2. Signature J. E. Ruff (M. D. or other) MD

Address Jackson Mo Date signed 3-17-48

RECEIVED

Health Officer No. 4  
District File Number 348-392  
Date Filed 3-29-48

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 Gene C. Crawford  
Licensed Embalmer No. 4327  
P. O. Address Jackson, Miss.

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.