

FILED MAY 31 1949

STANDARD CERTIFICATE OF DEATH

State File No. **16602**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **182**

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ralls</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hannibal, Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Center, Missouri</b>	
c. LENGTH OF STAY (in this place) <b>6 Weeks</b>		d. STREET ADDRESS (If rural, give location) <b>Center, Missouri</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Levering Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Fannie</b>	a. (First)	b. (Middle)	c. (Last) <b>Anderson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May, 15, 1949</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 28, 1890</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months <b>17</b> Days <b>17</b>	IF UNDER 24 HRS. Hours <b>17</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>Center, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Tom Clark</b>	13b. MOTHER'S MAIDEN NAME <b>Ella Dunlap</b>	14. NAME OF HUSBAND OR WIFE <b>James Anderson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Wm Couch</b>	ADDRESS <b>Center, Missouri</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 weeks</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterio sclerosis</b>		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>332X</b>	

19a. DATE OF OPERATION <b>5-15-49</b>	19b. MAJOR FINDINGS OF OPERATION <b>no</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **4-6**, 19**44**, to **5-15**, 19**49**, that I last saw the deceased alive on **5-15**, 19**49**, and that death occurred at **11:53P** am., from the causes and on the date stated above.

23a. SIGNATURE <b>Jeff Anderson M.D.</b>	(Degree or title)	23b. ADDRESS <b>Hannibal, Missouri</b>	23c. DATE SIGNED <b>5-20-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-17-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Olivet Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Center, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>5-23-49</b>	REGISTRAR'S SIGNATURE <b>W. E. M. Tucker</b>	EMERAL DIRECTOR'S SIGNATURE <b>W. E. M. Tucker</b>	ADDRESS <b>Center, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

64  
3

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Clyde C. Wilkey*

Licensed Embalmer No. *3826*

P. O. Address *Perry, Ind*

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri  
County of Marion } ss.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 161-20  
Local Registrar's No. 182

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 5th day of December, 1949, before me appears.....

Maurine Shulse, who, upon her oath, states that the original record of ~~birth~~ death  
for Fannie Anderson <sup>died</sup> May 15, 1949, in the State of  
Missouri, and which was filed at Hannibal, Missouri on 5-23, 1949, should be corrected as follows:

Item No. 13b should read Ella Dunlop

Instead of Ella Dunlap

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Maurine Shulse Daughter  
Relationship.

Center, Missouri  
Present Address.

Subscribed and sworn to before me this 5th day of December, 1949.

My Commission expires.....  
W. C. Fisher Notary Public #  
City Clerk, Hannibal, Mo.

1949

S-16602