

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 16 1952

01640

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

BIRTH NO. 0 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rape Gir.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0160</u>	
c. LENGTH OF STAY (in this place) <u>72 yrs</u>		OR TOWN <u>Rural</u> <u>Byrd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South East Mo. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Near Fruitland</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nannie</u> b. (Middle) <u>Hanser</u> c. (Last) <u>Anderson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 1, 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>2 Dec. 7, 1879</u>
9. AGE (In years last birthday) <u>72</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>John Hanser</u>	
13b. MOTHER'S MAIDEN NAME <u>Tulia Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. G. Anderson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Harry McDonald Jackson Mo.</u> ADDRESS			
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>	
19a. DATE OF OPERATION <u>9-16-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of stomach none. 151X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 10, 1951</u> , to <u>Jan 1, 1952</u> , that I last saw the deceased alive on <u>Dec 31, 1951</u> , and that death occurred at <u>2:55 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>O. C. P. McDonald, M.D.</u>		23b. ADDRESS <u>Jackson, Mo.</u>	
23c. DATE SIGNED <u>1-3-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 3, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Near Jackson Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-3-52</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>L. P. Sprcraft</u>		ADDRESS <u>Jackson Mo.</u>	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *A. C. Cravatt*.....

Licensed Embalmer No. *4327*.....

P. O. Address *Jackson, 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.