

RECEIVED 25 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3147
Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 574
(b) Township Law Primary Registration District No. 4338
(c) City 1 or (d) Street No. 517²A (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Rachel Henrietta Anderson

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24-1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 1 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Candlen Co., Mo.

FATHER 13. NAME Emerson Mullins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER 15. MAIDEN NAME Helean Carver

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Mrs Fred Hayes (ADDRESS) Lawrence, Mo

18. BURIAL, CREMATION, OR REMOVAL Placed in PLACE Cem. at DATE 2/7

19. FUNERAL DIRECTOR (NAME) (ADDRESS) William D. ... California, Mo

20. FILED Feb 9 1939 Mrs Abbie Orval Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-17 1939, to 2-6 1939
I last saw her alive on 2-5 1939 Death is said to have occurred on the date stated above, at 69 m.
The principal cause of death and related causes of importance were as follows:

Pneumo Pneumonia 12/3/39
Influenza 1/6/39
Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Rob Meredith, M. D.

(Address) Frame House No

Exact statement of OCCUPATION is very important. Exact statement in plain terms, so that it may be properly classified.

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 *NE Friedmeyer*

Licensed Embalmer No. *2854*

P. O. Address *California m*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.