

FILED NOV 25 1944

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 257

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Ellis Fischel State Cancer Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 days  (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26  
(c) City or town Centertown 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME

Edna 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, Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Month) (Day) (Year)

7. Birth date of deceased August 5 1896  
(Month) (Day) (Year)

8. AGE: Years 48 Months 2 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace New Jersey (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Not known  
13. Birthplace Not known (City, town, or county) (State or foreign country)  
14. Maiden name Not known  
15. Birthplace Not known (City, town, or county) (State or foreign country)

16. (a) Informant Pt. (Edna Anderson)  
(b) Address Centertown, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 16-44 (Month) (Day) (Year)

(c) Place: burial or cremation Centertown Cem.

18. (a) Signature of funeral director Victor Buescher  
(b) Address Jefferson city, mo.

19. (a) Oct 17 1944 (Date received by registrar) (b) Edna H. Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14 year 1944 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from September 27 1944 to October 14 1944; that I last saw her alive on October 14 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction Duration \_\_\_\_\_

Due to abdominal carcinoma

Due to Cancer of transverse colon (proven by biopsy)

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations H&E  
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 0

23. Signature Nathaniel D. Young M.D. (M: D. or other)  
Address Mo. State Cancer Hosp. Date signed 10/14/44

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

1250

RECEIVED

District Health Officer No. 9

District File Number \_\_\_\_\_

Date Filed 11-22-44

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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.