

FILED AUG 19 1942

Registration District No. 887

Primary Registration District No. 45-38

Registrar's No. 41

1. PLACE OF DEATH:

- (a) County Washington
 (b) City or town Potosi, MO.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____
-
- (Specify whether _____)

In this community _____
years, months or days

8. (a) PRINT FULL NAME
- Lucy B Anderson

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex
- F
5. Color or race
- W
6. (a) Single, widowed, married, divorced
- married

6. (b) Name of husband or wife
- Johannes Anderson
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased
- June 11, 1875
-
- (Month) (Day) (Year)

8. AGE: Years
- 67
- Months
- 0
- Days
- 29
- If less than one day _____ hr. _____ min.

9. Birthplace
- Belgrade
- MO
-
- (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business House wife

12. Name
- Jesse Hatridge

13. Birthplace
- Juran
- MO
-
- (City, town, or county) (State or foreign country)

14. Maiden name
- Peter Thompson

15. Birthplace
- Juran
- MO
-
- (City, town, or county) (State or foreign country)

16. (a) Informant's own signature
- Johannes Anderson

- (b) Address
- Potosi
- MO

17. (a)
- Burial
- (b) Date thereof
- July 12, 1942
-
- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- usulte

18. (a) Signature of funeral director
- Sparks

- (b) Address
- Potosi
- MO

19. (a)
- 7-20-1942
- (b)
- Joseph L. Thurman
-
- (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State
- Missouri
- (b) County
- Washington
-
- (c) City or town
- Potosi
- MO
-
- (If outside city or town limits, write "RURAL")

- (d) Street No. _____ (If rural, give location) _____

- (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- July
- day
- 10
-
- year
- 1942
- hour _____ minute
- 9:15
- P. M.

21. I hereby certify that I attended the deceased from
- July 10, 1942
- to
- July 10, 1942
-
- that I last saw
- her
- alive on
- July 10, 1942
-
- and that death occurred on the date and hour stated above.

Immediate cause of death terminal Duration _____Lobar pneumoniafollowingmeningitis followinginterstitial

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Influenza

Of operations _____

Of autopsy 108

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 _____

23. Signature
- J. L. Thurman
- (M. D. or other) _____

Address Potosi MO Date signed 7/20/42

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

00362-17-39
Rev. 5-17-39
U. S. G. P.

RECEIVED SEP 21 1942

District Health Officer No. 4
District File Number 842-104
Date Filed 8-12-42

SEP 14 1942

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 Emmett Sparks
Licensed Embalmer No. 4287
P. O. Address Clinton 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, above space should be left blank.