

Registration District No. 266

Primary Registration District No. 9370

Registrar's No. 95-

1. PLACE OF DEATH:
(a) County Deer
(b) City or town Spring Creek Rural
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Deer
(c) City or town Salem Rural
(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.

3. (a) PRINT FULL NAME Sylvia Anderson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 8 19- 1893
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 12 year 1939 hour _____ minute 3 A M.
21. I hereby certify that I attended the deceased from Dec 8 to Dec 12 1939 and that I last saw her alive on Dec 11 1939 and that death occurred on the date and hour stated above.
Immediate cause of death Pneumonia Duration _____

8. AGE: Years 46 Months 3 Days 24 If less than one day _____ hr. _____ min.

Due to Influenza
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Deer County (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business _____
12. Name Harvey Taylor
18. Birthplace Deer Co. (City, town, or county) (State or foreign country)
14. Maiden name Mary Annley
15. Birthplace Mo. (City, town, or county) (State or foreign country)

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 _____

16. (a) Informant's own signature Everett Taylor
(b) Address Rhys, Mo.
17. (a) Buried (b) Date thereof 12-14-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lion Cemetery
18. (a) Signature of funeral director J. D. Habibe
(b) Address Salem, Mo.
19. (a) December 14, 1939 (b) F. E. Butler, M.D.
(Date received local registrar) (Registrar's signature)

23. Signature J. D. Habibe (M. D. or other) _____
Address Salem Mo Date signed 12-12-39

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.

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.....

N. D. Johnson

Registered Apprentice No.....

working under my personal supervision.

Member No. 5
District File Number 1408
Date Filed 11040

Signed

N. D. Johnson

Licensed Embalmer No. 928

P. O. Address Bellevue, Wis

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.