

Registration District No. **1147**

Primary Registration District No. **5818**

Registrar's No. **9**

1. PLACE OF DEATH:

(a) County **Nodaway**
 (b) City or town **Rural White Cloud Township**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2**
 (Specify whether
 In this community **3 Yrs.**
 years, months or days)

3. (a) PRINT FULL NAME **Nancy Findley Anderson 536**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Wm. Henry Anderson** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Dec. 17 1853**
 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
86	5	17	hr. _____ min.

9. Birthplace **Bucyrus, Ohio**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Wm. Findley**

13. Birthplace _____ **Pa.**
 (City, town, or county) (State or foreign country)

14. Maiden name **Mary Forseythe**
 (City, town, or county) (State or foreign country)

15. Birthplace _____ **Maryland**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs. Clarence Lyle**

(b) Address **Graham, Mo.**

17. (a) **Burial** (b) Date thereof **June 9 1940**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Graham Mo.**

18. (a) Signature of funeral director **John W. Price**

(b) Address **Maryville Mo**

19. (a) **6-10-40** (b) **Chas. D. Hubbard**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Nodaway**
 (c) City or town **Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **6 mi. East of Graham Mo.**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **5**
 year **1940** hour **8** minute _____ P. M.

21. I hereby certify that I attended the deceased from **May 29 - 40**
 _____, 19 **40** to **June 5 40**, 19 **40**
 that I last saw him alive on **June 5 40**, 19 **40**
 and that death occurred on the date and hour stated above.

Immediate cause of death **bronchopneumonia** Duration **7 days**

Due to **Fracture Right hip - May 29-40**
due to a fall.

Due to _____
 Other conditions (Include pregnancy within 3 months of death) **18 1/2 hr**

Major findings: Of operations _____

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) **Accident**

(b) Date of occurrence **May 29-1940**

(c) Where did injury occur **at her home.**
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, industrial place, in public place?
Fell while daughter was outside

While at work? **NO** (Specify type of place) (e) Means of injury _____

23. Signature **E. M. Findley** (M. D. or other) _____

Address **Graham - Mo** Date signed **6/8/1940**

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.

RECEIVED

District Health Officer No. 111

District File Number 740-1206

Date Filed JUL 12 1940

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.....

Licensed Embalmer No.....

P. O. Address.....

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.