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

FILED MAY 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14055

Registration District No. 93 Primary Registration District No. #5-138 4055 Registrar's No. #15

1. PLACE OF DEATH:
(a) County: Caldwell,
(b) City or town: Braymer, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at her home, (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days) In this community: past 35-years,

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri, (b) County: Caldwell, 13
(c) City or town: Braymer, Mo., (If outside city or town limits, write "RURAL") 0
(d) Street No.: (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years. 0

3. (a) PRINT FULL NAME: Anna Amelia Waters,
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: J. A. Waters,
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: October (Month) -13th. (Day) -1858 (Year)

8. AGE: Years	Months	Days	If less than one day
82	6	15	hr. min.

9. Birthplace: Columbus, Ohio. (City, town, or county) (State or foreign country)
10. Usual occupation: House keeper,
11. Industry or business: Keeping House,
MOTHER FATHER
12. Name: Charles Bowen,
13. Birthplace: Columbus, Ohio. (City, town, or county) (State or foreign country)
14. Maiden name: Almira Slough,
15. Birthplace: Winchester, Ohio. (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Lenora Widener
(b) Address: Braymer, Mo.
17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof: May -1st.- 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: New Hope Cemetery,
18. (a) Signature of funeral director: E. P. Michael
(b) Address: Braymer, Mo.
19. (a) May 1. 1941 (Date received by local registrar) (b) H. H. Patterson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 28th year: 1941 hour: 11 minute: 40 P. M.
21. I hereby certify that I attended the deceased from: April 15, 1935, to April 28, 1941; that I last saw her alive on: April 28, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	1/2 hour
Due to: Arteriosclerosis	unknown
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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):
(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? (Specify type of place)
While at work?
(e) Means of injury:
23. Signature: John R. Frank [redacted] or other D.D.
Address: Braymer, Mo. Date signed: 4-30-41

(Licensed Embalmer's Statement on Reverse Side)

JUL 2 1941

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, ----------, Registered Apprentice No. ----------, working under my personal supervision.

Signed E. P. Michael

Licensed Embalmer No. 1363

P. O. Address Braymer, Mo.

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

If this body is not embalmed, fact should be so stated above.