

2
41
39
28390

Registration District No. **018**

Primary Registration District No. **5694**

1. PLACE OF DEATH:

(a) County **McDonald**
(b) City or town **Rural McMillan Twp.**
(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 **10 yrs.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **McDonald**
(c) City or town **Rural McMillan Twp.**
(If outside city or town limits, write "RURAL")
(d) Street No. **Anderson Mo. RD #2**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Anna Ingealls**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female!** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **2x widowed**

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

7. Birth date of deceased **July 1861**
(Month) (Day) (Year)

8. AGE: Years **80** Months **4** Days **22** If less than one day _____ hr. _____ min.

9. Birthplace **1 Tenn**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **1**

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Jake F. Hingesthues**

(b) Address **Anderson Mt. 7**

17. (a) **Burial** (b) Date thereof **11-20-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Chas. W. Williams**

(b) Address **Goodman Mo.**

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **24**
year **1941** hour **10** minute **2:57 AM**

21. I hereby certify that I attended the deceased from **June 1940** to **Nov 1941**
that I last saw her alive on **Nov 23** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Interstitial myocarditis** Duration **1 1/2**

Due to **Chronic interstitial nephritis** 3 yrs
Due to _____

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

Major findings: **131a**
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury **2**

23. Signature **L. D. Fountain** (M. D. or other) **D.O.**
Address **Moil, Mo.** Date signed **Dec 2,**

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

MOTHER FATHER

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 the above constitutes grounds for revocation of license.)

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