

1929

State File No.

FILED FEB 13 1942

Registration District No. 154

Primary Registration District No. 4088

Registrar's No. 20

1. PLACE OF DEATH:

- (a) County Cass
(b) City or town Garden City, Missouri
(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)

3. (a) PRINT FULL NAME Mary Frances Anderson

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

7. Birth date of deceased Oct. 29 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Greene Co., Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Marinus A. Dobson

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

14. Maiden name Frances Tagler

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

16. (a) Informant Mrs. E. J. Willhite

- (b) Address Bolton, Mo.

17. (a) Burial (b) Date thereof Feb. 6, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Garden City Cemetery

18. (a) Signature of funeral director Richard K. Kuffman

- (b) Address Garden City, Mo.

19. (a) Feb. 7, 1942 (b) Margaret Valle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Cass

- (c) City or town Garden City
(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 Feb day 4 year 1942 hour 12 minute 30

21. I hereby certify that I attended the deceased from Jan - 3 1942, to Feb - 4 1942

- that I last saw him alive on Feb - 4 1942 and that death occurred on the date and hour stated above.

- Immediate cause of death Valvular Heart Disease

- Due to _____

- Due to _____

- Other conditions 93d
(Include pregnancy within 3 months of death)

- Major findings: Of operations _____

- Of autopsy _____

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 F. B. Valle (M. D. or other) _____

- Address Garden City, Mo. Date signed Feb. 4, 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 Ruth Kaufman

Licensed Embalmer No. 4001

P. O. Address Garden City, 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.