

FILED JUL 20 1942

Registration District No. 448

Primary Registration District No. 4267

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Laclede  
(b) City or town Lebanon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Wallace Memorial Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days  
40 years (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME Mamie Anderson

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William D. Anderson 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased Not Known  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 72 hr. min.

9. Birthplace Stockton Cal.  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business At home

12. Name XXX Egan

13. Birthplace Not known  
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Paul B. Hoops

(b) Address Crocker, Mo.

17. (a) Burial (b) Date thereof June 30, '42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crocker Cemetery

18. (a) Signature of funeral director J. L. HOOPS & SONS

(b) Address Crocker, Mo.

19. (a) July 7-42 (b) Grace Roper  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski  
(c) City or town Crocker (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28  
year 1942 hour 5 minute 30A M.

21. I hereby certify that I attended the deceased from June 19, 1942 to June 28, 1942  
that I last saw him alive on June 27, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia Duration 1 day

Due to Cardiovascular renal disease unk.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 12/10

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) (e) Means of injury 0

23. Signature James L. Hoops (M. D. or other) \_\_\_\_\_

Address Lebanon, Mo. Date signed 7/6/42

RECEIVED

*Laclede County Health unit.*

District Health Officer

District File Number *742-108*

Date Filed *7-14-42*

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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

*Sam B. Hooper*

Licensed Embalmer No. *3261*

P. O. Address *Crocker, 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, fact should be so stated above.**