

FILED JAN - 8 1943

Primary Registration District No. 3010

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 da. (Specify whether
In this community 60 yrs. years, months or days)

3. (a) PRINT FULL NAME FANNIE 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 April 6 1871 (Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Housework

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 Mrs. Lela Bruning

(b) Address Cape Girardeau Mo.

17. (a) Burial (b) Date thereof Dec 18-1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cem

18. (a) Signature of funeral director Walter H. Und

(b) Address Cape Girardeau Mo

19. (a) 12-17-42 (b) G. W. Phelps (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girardeau
(c) City or town Cape Girardeau Mo. 16 (If outside city or town limits, write "RURAL")
(d) Street No. 203 So Middle (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 16 year 42 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 12/14 1942 to 12/16 1942
that I last saw her alive on 12/16/42 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral apoplexy

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 83a

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) _____

23. Signature G. W. Phelps (M.D. or other) 12/17/42

Address Cape Girardeau Date signed 12/17/42

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

1. Signed
District Health Officer No. 4
District File Number 143-1602
Date Filed 1-7-43

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

J. W. Rister

Licensed Embalmer No. 3980

P. O. Address Capitole, Guadalupe, 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.