

FILED APR 12 1943

Registration District No. 5 Primary Registration District No. 5 Registrar's No.

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Int. Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 165 days
(Specify whether
In this community 165 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Willie Mae Anderson

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

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 1 1919
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
23 4 2 hr. min.

9. Birthplace unknown Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business X

MOTHER FATHER { 12. Name Clara Anderson
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)
14. Maiden name Maie McKenney
15. Birthplace unknown Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk
(b) Address Mo. State San. Int. Vernon, Mo.

17. (a) Reburial (b) Date thereof Apr 3-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hilson, Ark

18. (a) Signature of funeral director E. B. Orr
(b) Address Vernon, Mo

19. (a) 4-5-43 (b) Wally Crawford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1943 hour 12 minute 40 P. M.

21. I hereby certify that I attended the deceased from Oct. 21, 1942, to April 3, 1943,
that I last saw her alive on April 3, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis
Due to
Due to

Other conditions
(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 W. H. Stock (M. D. or other)
Address Date signed 4-3-43

Duration over 1 yr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

APR 21 1947

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Geo B Orr

Licensed Embalmer No.....

P. O. Address.....

946

J. W. Kelson, Jr.

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.