7. S. No. 2.
00M—2-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1943

Registration District No. 3148

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32777

Primary Registration District No. 6230

Registrar's No.

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Metz Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether

In this community 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 10

(c) City or town Metz Township
(If outside city or town limits, write "RURAL")

(d) Street No. 2½ mi So. Metz
(If rural, give location)

(e) Citizen of foreign country? (Yes or

If yes, name country

3. (a) PRINT FULL NAME Ella Kathern Anders

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Fe

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Earl Anders

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased July (Month) 20 (Day) 1898 (Year)

8. AGE: Years	Months	Days	If less than one day
45	2	0	hr. min.

9. Birthplace Junction City, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business —

FATHER

12. Name Theodore Wagnor 4

13. Birthplace — 6 Germany
(City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Agusta Anderson 4

15. Birthplace 6 Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Anders Husband

(b) Address Metz Township

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 23 43 (Month) (Day) (Year)

(c) Place: burial or cremation Pineheart Cem.

18. (a) Signature of funeral director Mayo Bros.

(b) Address Nevada Mo

19. (a) Sept 25, 1943 (Date received local registrar) (b) Mrs W.L. Charles (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20 year 1943 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug 10 1943 to Sept 20 1943 that I last saw her alive on Sept 20 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	6 days
Due to Influenza	2 wks
Due to Mitral Insufficiency	3 yr
Other conditions (Include pregnancy within 3 months of death)	
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)

While at work (e) Means of injury

23. Signature Guy H. Allen (M. D.)

Address Lamar, Mo Date signed 9-21-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 9-43-972
Date Filed 10-5-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.