

FILED JAN 5 1944/49

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 5468

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town J.C. Mo.  
(c) Name of hospital or institution: Hallside Hosp. I  
(d) Length of stay: In hospital or institution 7 days  
In this community 7 days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County 13  
(c) City or town Polo (d) Street No. 9  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. 1

3. (a) PRINT FULL NAME Anna J. Louden  
3. (b) If veteran, name war. No  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 12-22 day  
year 1943 hour 7.00 minute 45 P.M.  
21. I hereby certify that I attended the deceased from 12-15  
1943 to 12-22 1943  
that I last saw her alive on 12-22-1943  
and that death occurred on the date and hour stated above.

4. Sex Fem 5. Color or race Wh  
6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife David Louden  
6. (c) Age of husband or wife if alive 45.5 years  
7. Birth date of deceased Aug. 29 1894  
(Month) (Day) (Year)

Immediate cause of death: Typhoid Toxin  
Duration 5 days  
Due to Choleraeae infection et Choleraeae 5  
Due to Chronic cholangitis 5  
Other conditions Chronic myocardial Ins.  
Major findings: Gallstones - Cholangitis  
Of autopsy 13h

8. AGE: Years 49 Months 3 Days 23  
If less than one day hr. min.

9. Birthplace Ray Co. Mo. I  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name C.C. Whitsett

13. Birthplace N. Carolina I  
(City, town, or county) (State or foreign country)

14. Maiden name Pauline Coffman  
(City, town, or county) (State or foreign country)

15. Birthplace Quincy Ill. I  
(City, town, or county) (State or foreign country)

16. (a) Informant David Louden

(b) Address Polo Mo

17. (a) Burial (b) Date thereof 12-22-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kingston Mo

18. (a) Signature of funeral director Alspaugh & Cowley  
(b) Address Polo Mo

19. (a) 12-22-43 (b) N.E. Brown  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place)  
(b) Means of injury \_\_\_\_\_  
23. Signature N.E. Brown (M. D. or other)  
Address Polo Mo Date signed 12-22-43

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

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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.....

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.**