

FILED APR 8 1944
Registration District No.

Primary Registration District No.

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Rural Paine
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME IDA MAY ANDERSON

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

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Ed. Wilmer Anderson 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased May 16 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 1 If less than one day hr. min.

9. Birthplace Andrew Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name George W. Dudgeon

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

14. Maiden name Emma Still

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

16. (a) Informant G. W. Anderson

(b) Address Ladonia Mo

17. (a) buried (b) Date thereof 3/19-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ladonia Mo

18. (a) Signature of funeral director J. S. Grainger

(b) Address Ladonia Mo

19. (a) 3-19-44 (b) J. W. Watkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrew
(c) City or town 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 Mar day 17
year 1944 hour 11 minute P.M.

21. I hereby certify that I attended the deceased from Jan 22 1944 to March 17 1944
that I last saw her alive on March 17 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left breast Duration 2-yr

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. K. McCall (M. D. or other)

Address Ladonia Mo Date signed 3-18-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 4-44-669

Date Filed APR 4 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.

Signed.....

H. G. Granger
Registered Apprentice No.....

Licensed Embalmer No. 1297

P.O. Address Ladonia, 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.