. S. No. 2
)M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13895

Registration District No. 204

Primary Registration District No. 4315

Registrar's No.

1. PLACE OF DEATH:

(a) County Macon
(b) City or town La Plata
(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) 1
(d) Length of stay: In hospital or institution ←
(Specify whether
In this community 44
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon 61
(c) City or town La Plata 2
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Ramona Attebery
3. (b) If veteran, name war ←
3. (c) Social Security No. ←

4. Sex F 1
5. Color or race W
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 June (Month) 9 (Day) 1887 (Year)

8. AGE: Years 57 | Months 11 | Days | If less than one day hr. min.

9. Birthplace Mo Knox Co (City, town, or county) (State or foreign country) U
10. Usual occupation House Keeper
11. Industry or business

MOTHER FATHER
12. Name John J. Attebery
13. Birthplace Illinois (City, town, or county) (State or foreign country) 1
14. Maiden name Esther E Baker
15. Birthplace Knox Co Mo (City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs Ethel Hawkins
(b) Address La Plata Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11-1945 (Month) (Day) (Year)
(c) Place: burial or cremation La Plata
18. (a) Signature of funeral director J.S. Christie
(b) Address La Plata Mo.
19. (a) 5-10 (Date received local registrar) (b) 45 H. N. Roos (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1945 hour 4 minute 20 A.M.
21. I hereby certify that I attended the deceased from May 7, 1945 to ditto, 1945
that I last saw her alive on May 8, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Uremic poisoning	-
Due to Chronic glomerulonephritis	
Due to Chronic Epilepsy	-
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 0

23. Signature H.O. Newton (M. D. or other)
Address La Plata Mo. Date signed 5/10/45

1390 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-45-862
Date Filed MAY 11 1945

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 D.S. Christie

Licensed Embalmer No. 1109

P. O. Address La Plata 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.