7. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 28 1945
128

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16877

Primary Registration District No. 2000

Registrar's No. 397

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1003 Benton Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years (Specify whether years, months or days)
In this community 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1003 Benton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANNA AUGUSTA ANDERSON
3. (b) If veteran, name war none
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife UNK.
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased December (Month) 12, (Day) 1858 (Year)

8. AGE: Years 86 Months 5 Days 2 If less than one day hr. min.

9. Birthplace Earlville (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Homemaker

MOTHER FATHER
12. Name Christopher Columbus
13. Birthplace ~~Germany~~ UNK. (City, town, or county) GERMANY (State or foreign country)
14. Maiden name Mary E. Brummel
15. Birthplace ~~Germany~~ UNK. (City, town, or county) Germany (State or foreign country)

16. (a) Informant Opal Marie Anderson
(b) Address 1003 Benton Ave., Spfd., Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 16, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Freeman, Missouri
18. (a) Signature of funeral director F. C. Thiere
(b) Address 116 S Boonville Ave., Spfd., Mo.
19. (a) 5-16-45 (Date received local registrar) (b) Dr W I Hundley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1945 hour 3: minute 30 P.M.
21. I hereby certify that I attended the deceased from 5-13, 1945, to 5-13, 1945 that I last saw her alive on 5/13, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration
Due to
Due to
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 W. Roland Langston (M. D. or other)
Address Springfield Mo Date signed 5/15/45

(Licensed Embalmer's Statement on Reverse Side)

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 Fred C. Thieme

Licensed Embalmer No. 2899

P. O. Address Springfield, M

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.