

FILED JUN 11 1945

Registration District No. **164**

Primary Registration District No. **3032**

Registrar's No. **40**

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution: 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community Intire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. 212 E Oak St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Annis Norman of Dunham

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1945 hour 110 minute 20 P.M.

21. I hereby certify that I attended the deceased from 22 1945 to 5-4 1945

that I last saw her alive on 5-4 1945 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (c) Age of husband or wife if alive Dead years _____ (Day) _____ (Year) _____

7. Birth date of deceased July (Month) _____ (Day) 1861 (Year)

Immediate cause of death Carcinoma of stomach Duration 1 yr

8. AGE: Years 83 Months 9 Days 22 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace Chilhowee Missouri (City, town, or county) (State or foreign country)

10. Usual occupation House Wife

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name William L Thompson

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

14. Maiden name Estel Mc Mahon

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

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? _____

16. (a) Informant F. P. Dunham

(b) Address 212 E Oak

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof May 6 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Chilhowee Cemetery

18. (a) Signature of funeral director W. J. Wilcox

(b) Address Warrensburg, Mo.

19. (a) May 6 1945 (Date received local registrar) (b) Leola M. Williams (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Phil Cooper (M. D. or other)

Address Warrensburg, Mo. Date signed 5/6/45

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

51
2
2

MOTHER FATHER

2007 11/14/07 10:00 AM

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 myself

....., Registered Apprentice No.
working under my personal supervision.

Signed Samuel G. Clancy

Licensed Embalmer No. 3557

P. O. Address. Warrensburg, 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.