

FILED JUN 24 1945

Primary Registration District No. 2001

Registrar's No. 303

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 323 N. Mineral
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper⁴⁸

(c) City or town Jasper²
(If outside city or town limits, write "RURAL")

(d) Street No. 323 N. Mineral²⁵
(If rural, give location)

(e) Citizen of foreign country? No ⁰ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dorothy Anderson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1945 hour 1 minute 50 A.M.

21. I hereby certify that I attended the deceased from 6-28-45
6-30-45 19 to _____ 19 _____;
that I last saw her alive on 6-30-45 19 _____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

4. Sex F 1. Color or race W 2. divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: February 18 1890
(Month) (Day) (Year)

Duration _____

Due to _____

Due to _____

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

Major findings: Of operations 930

Of autopsy _____

8. AGE: Years Months Days If less than one day

75 4 13 hr. _____ min.

9. Birthplace West Fork Ark
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Housewife

12. Name Bill Martin

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

14. Maiden name Lucinda Wilbanks

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

16. (a) Informant Mrs Kula Turman

(b) Address 323 N. Mineral

17. (a) Buried (b) Date thereof 7-4-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jasper Mineral

18. (a) Signature of funeral director Thornhill Dillon

(b) Address 305 W. 4th St

19. (a) 7-7-45 (b) Joseph S. Freeman
(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? _____ (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 work) _____ (Specify means of injury) _____

23. Signature Joseph S. Freeman (M.D. or other) _____
Address Jasper Mo Date signed 7-3-45

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

19
2
5

MOTHER FATHER

1204

45-6-543

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 Geoff A. Hamill

Licensed Embalmer No. 3590

P. O. Address Spokane, 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.