

FILED AUG 13 1945 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 615

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

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: Burge Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Week  
In this community 50 Years  
(Specify whether years, months or days)

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. 820 S. Douglas  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edna D. 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 Married  
6. (b) Name of husband or wife Chas E. Anderson 6. (c) Age of husband or wife if alive UNK. years  
7. Birth date of deceased June 27, 1880  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>65</u>	<u>1</u>	<u>7</u>	<u>X</u> hr. _____ min.

9. Birthplace UNK. Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Andrew P. Bell  
13. Birthplace UNK. Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Allie Peaver  
15. Birthplace UNK. Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Chas E. Anderson  
(b) Address Springfield Mo.

17. (a) Burial (b) Date thereof 8-7-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H. H. Lonmeyer  
(b) Address Springfield, Mo.

19. (a) 8-9-45 (b) S. W. Hardy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4  
year 1945 hour 1 minute 25 P. M.

21. I hereby certify that I attended the deceased from 7-9 1945 to 8-4 1945  
that I last saw him alive on 8-4 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction  
Due to Encephalitis et al

Other conditions Bronchopneumonia 3D  
Hypertatic  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 930  
Of autopsy Ch. abs.

Duration

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 S. W. Hardy  
Address Springfield, Mo. Date signed 8-9-45

AUG 23 1948

DEC 7 1955

**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 L. Gordon Gorman

Licensed Embalmer No. 3177

P. O. Address Ameyfield 2nd

**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.

A