

State File No. 33039

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Bates  
 (b) City or town Butler  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Butler Memorial Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 hours  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Baby Girl Anderson

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced 0  
 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 0 years  
 7. Birth date of deceased Sept 6, 1945  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 0 4 hr. 0 min.

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

10. Usual occupation

11. Industry or business

12. Name Herbert Anderson

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

14. Maiden name Lena Skaggs

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

16. (a) Informant Herbert Anderson

(b) Address Butler, Missouri

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

(c) Place: burial or cremation Oakhill

18. (a) Signature of funeral director Guiver-Underwood

(b) Address Butler, Missouri

19. (a) 9-7-45 (b) Pauline Crompton  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7  
 (c) City or town Butler 1  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1  
 (If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 7 5 630 hour 5 minute 0  
 year 1945

21. I hereby certify that I attended the deceased from Sept 4 5 6 1945  
 that I last saw him alive on Sept 6 1945  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Premature Birth  
6 1/2 mos.

Due to Premature Birth

Due to 6 1/2 mos.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 15A

Of autopsy

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 place)

23. Signature Pauline Crompton (M. D. or other)

Address Butler, Mo Date signed 9/7/45

RECEIVED  
Date Filed 10-18-40  
9-40-1004

### 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

*John G. Underwood*

Licensed Embalmer No.

3585

P. O. Address

Butler 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.