

FILED JAN 5 1946

Registration District No. 96

Primary Registration District No. 4158

Registrar's No. 2/2

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

1. PLACE OF DEATH:

(a) County Dallas

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas ³⁰

(c) City or town Buffalo ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) ⁰

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

3. (a) PRINT FULL NAME ANNA ELIZABETH SELF

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased Sept 1 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>3</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace Dallas Mo
(City, town, or county) (State or foreign country)

10. Usual occupation housekeeper

11. Industry or business _____

12. Name F. M. Self

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

14. Maiden name Lydia Fowler

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

16. (a) Informant F. M. Self

(b) Address Buffalo Mo

17. (a) Burial (b) Date thereof 12-16-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reynolds Chapel

18. (a) Signature of funeral director L. B. Jones

(b) Address Buffalo Mo

19. (a) 1-2-46 (b) Grace Petre
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14 year 1945 hour _____ minute 45-p M.

21. I hereby certify that I attended the deceased from _____ 1943 to Dec. 14 1945 that I last saw her alive on Dec. 14 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast Duration 3 years

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 50

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 0

23. Signature D. O. Jamison (M. D. or other) M. U.

Address Buffalo Mo Date signed 12-29-45

1440

NOV 18 1949

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 Marion B. Jones
Licensed Embalmer No. 4322
P. O. Address Buffalo 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.