

FILED APR 12 1946
Registration District No. **37**

Primary Registration District No. **5107**

Registrar's No. **3**

1. PLACE OF DEATH, **Benton**

(a) County **Benton**

(b) City or town **Rural-West White Twn.**
(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 **3 years** (Specify whether years, months or days)

In this community **3 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Nannie W. Anderson**

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

4. Sex **F** / 5. Color or race **W**

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

6. (b) Name of husband or wife **B.F. Anderson**

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

7. Birth date of deceased **July 2, 1863**
(Month) (Day) (Year)

8. AGE: Years **82** Months **8** Days **24** If less than one day hr. _____ min. _____

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

10. Usual occupation **at home**

11. Industry or business _____

12. Name **James Coale**

13. Birthplace **Cole, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Sophia Evans**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs. Albert LaRue**
(b) Address **Windsor, Missouri**

17. (a) **burial** (b) Date thereof **Mar. 27, '46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hazeldale Church**

18. (a) Signature of funeral director **Huston-Turner**
(b) Address **Windsor, Mo.**

19. (a) **April 7, 1946** (b) **Tauline Norman**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Benton**

(c) City or town **Rural-Windsor R.F.D.#4**
(If outside city or town limits, write "RURAL")

(d) Street No. **West White Twn.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **26th** year **1946** hour **2** minute **30** a.m.

21. I hereby certify that I attended the deceased from **3-20** 19**46**, to **3-24** 19**46**

that I last saw her alive on **3-24** 19**46** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration **9**

Due to _____

Due to _____

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

Major findings: Of operations **930**

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? _____

While at work? _____ (Specify type of place) (e) Means of injury **/**

23. Signature **Ray B Jordan** (M. D. or other) **/**

Address **Windsor, Mo.** Date signed **3-25-46**

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

7350

RECEIVED

District Health Officer No. 7,

District File Number

346-378

Date Filed

4-11-46

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.....

working under my personal supervision.

Registered Apprentice No.

Signed

Edwin J. Huston

Licensed Embalmer No.

3391

P. O. Address

Windsor, 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.