

FILED JUN 14, 1946

Registration District No. _____ Primary Registration District No. **3002** Registrar's No. **76**

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

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution: 903 S. Jefferson
(If not in hospital or institution, write street number or location)

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

In this community 1 yr
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Audrain

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

(d) Street No. 903 S. Jefferson
(If rural, give location)

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

3. (a) PRINT FULL NAME Emma Christine Anderson

3. (b) If veteran, name war _____

3. (c) Social Security No. gone

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or wife Frank Anderson

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

7. Birth date of deceased May 3 1863
(Month) (Day) (Year)

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

83	0	23	_____ hr. _____ min.
----	---	----	----------------------

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Carl Anderson

(b) Address Mexico, Mo

17. (a) Burial (b) Date thereof May 28, 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cem

18. (a) Signature of funeral director Chas Arnold Jr

(b) Address Mexico, Mo

19. (a) 5/28/1946 (b) Blanche Kelly
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1946 hour 2 minute A- M.

21. I hereby certify that I attended the deceased from Feb. 2, 1946 to May 26, 1946; that I last saw her alive on May 25, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 5 yrs

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 9/28

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? _____ (c) Means of injury _____

23. Signature Charles Garcia (M. D. or other) _____

Address 203 E Jackson Date signed May 27, 46

RECEIVED

District Health Officer No. 10

District File Number 6-46-1217

Date Filed JUN-13-1946

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 Everett P. Head

Licensed Embalmer No. 4038

P. O. Address Mexico, 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.