

FILED MAY 27 1946  
Registration District No. 59

Primary Registration District No. 5228

Registrar's No. 70

## 1. PLACE OF DEATH:

(a) County Cass  
 (b) City or town Pleasant Hill Twp  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Baldwin Lake Road 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community 7 days  
 years, months or days)

3. (a) PRINT FULL NAME Anna Elizabeth Erdman

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 married  
 6. (b) Name of husband or wife F. W. Erdman 6. (c) Age of husband or wife if alive 78 years  
 7. Birth date of deceased May 30 1869  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>11</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace Arlington, Kentucky  
(City, town, or county) (State or foreign country)10. Usual occupation housewife

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

MOTHER FATHER  
 12. Name Frances Rachel Powell  
 13. Birthplace Milburn Kentucky  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Josiah Cummins  
 15. Birthplace Milburn Kentucky  
 (City, town, or county) (State or foreign country)

16. (a) Informant W. B. Means  
 (b) Address Pleasant Hill, Missouri  
 17. (a) Burial (b) Date thereof May 16 1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery Schell City, Mo  
 18. (a) Signature of funeral director Lute Lewis & Son  
 (b) Address Schell City, Mo.  
 19. (a) May 15 1946 (b) Clavia J. Jones  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108  
 (c) City or town Schell City 1  
 (If outside city or town limits, write "RURAL") 0  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location) \_\_\_\_\_  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 1  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15  
year 1946 hour 6 minute 9 M.21. I hereby certify that I attended the deceased from Apr. 1 1946 to May 15 1946;  
that I last saw her alive on May 14 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Carcinoma of Bladder  
Arterio Sclerosis.

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. V. Murray M.D. (M. D. or other) \_\_\_\_\_  
Address Pleasant Hill, Mo. Date signed 5-18-46

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**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 M. Lewis* .....

Licensed Embalmer No. *3084* .....

P. O. Address..... *Schell City, 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.**

Registration District No. 59

Primary Registration District No. 5228

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

**1. PLACE OF DEATH:** Car

(a) County         

(b) City or town Pleasant Hill, Twp.  
(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 years, months or days)

In this community           
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State          (b) County         

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

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

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

**3. (a) PRINT FULL NAME** Anna E. Edman

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 m

6. (b) Name of husband or wife         

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

7. Birth date of deceased May 30  
(Month) (Day) (Year)

**8. AGE:** Years 26 Months 11 Days 17  
If less than one day hr. min.

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

10. Usual occupation         

11. Industry or business         

**MOTHER FATHER**

12. Name         

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

14. Maiden name         

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

16. (a) Informant         

(b) Address         

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

(c) Place: burial or cremation         

18. (a) Signature of funeral director         

(b) Address         

19. (a)          (b) Laura J. Jones  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: 7 Month June year 1946 hour 7 minute 15 M.

21. I hereby certify that I attended the deceased from          to         , 1946;  
that I last saw him          alive on         , 1946;  
and that death occurred on the date and hour stated above.  
Immediate cause of death         

Due to         

Due to         

Other conditions           
(Include pregnancy within 3 months of death)

Major findings:         

Of operations         

Of autopsy         

**ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED**

**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          (M. D. or other)         

Address          Date signed

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