

FILED JUL 24 1946

Registration District No. _____

Primary Registration District No. 8908

State File No. _____

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Holland, Rural
(c) Name of hospital or institution:
Bell Fountain Ditch near Holland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)
In this community 1 Day

3. (a) PRINT FULL NAME Violet Warren Anderson

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ernest Anderson 6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased November 27, 1923
(Month) (Day) (Year)

8. AGE: Years 22 Months 7 Days 7 If less than one day
hr. min.

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

10. Usual occupation House-wife

11. Industry or business _____

12. Name John Warren
13. Birthplace Lawrence, Co., Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Lena Patterson
15. Birthplace Lewis, Co., Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant John Warren
(b) Address Portageville, Mo.

17. (a) Removal (b) Date thereof 7/4/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hayti, Mo.

18. (a) Signature of funeral director H. L. Smith, Funeral Home
(b) Address Caruthersville, Mo.

19. (a) July 11 (b) L. J. Peterson
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Hayti, Mo. Rural Route 1
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route 1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1946 hour 2 minute 23 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.

(that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.)

Immediate cause of death _____ Duration _____

Due to Drowning

Due to _____

Other conditions 28
(Include pregnancy within 3 months of death)

Major findings: Of operations 18 3/4

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 78
(b) Date of occurrence July 4, 1946
(c) Where did injury occur? Holland tap 12 m. MA
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Drowning ditch
(Specify type of place)

While at work? _____ (e) Means of injury drowning

23. Signature Blair Robert S. ... (M.D. or other)
Address Hell ... Date signed 7/7/46

7-46-165

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

James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Caruthersville, 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.