

FILED AUG 20 1948
60

Registration District No. 60

Primary Registration District No. 5235

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Benton Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: xxxx
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXX (Specify whether
In this community 9 years
years, months or days)

3. (a) PRINT FULL NAME WINNIE FRED CAROLINE ANDERSON

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife John E. Anderson 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased March 29, 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 3 6 X hr. X min.

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

10. Usual occupation Housewife

11. Industry or business XXXXXXX

12. Name Clarence C. Bruce
13. Birthplace Peria Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Ella Sebertson
15. Birthplace McPherson County Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Nada Serman
(b) Address Jerico Springs, Missouri
17. (a) Burial (b) Date thereof (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation Stockton Cemetery

18. (a) Signature of funeral director CHURCH AND NEALE
(b) Address Stockton, Missouri

19. (a) I-18-48 (b) Maida M. Ellis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Benton Township 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country XXXXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1948 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from July 5 to July 8
1948, to July 5 1948
that I last saw h. or alive on July 5 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Hy pertension & nephritis
Due to Hy pertension & nephritis
Due to 12/17

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?

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

23. Signature G. P. Barnum (M. D. or other)
Address Jerico Spuf Date signed 7-7-48

52

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District of Columbia 7-46-8/8

Date Filed 8-14-46

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Melvin Church

Licensed Embalmer No.....

3272

P. O. Address.....

Stockton, Ca

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. *523d*

Registration District No. *60*

Primary Registration District No. *523d*

Registrar's No. *7*

1. PLACE OF DEATH:

(a) County *Cedar*
(b) City or town *Benton Sup.*
(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
years, months or days)

3. (a) PRINT
FULL NAME

Winnie J.C. 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 *M*

6. (b) Name of husband or wife.

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

7. Birth date of deceased *Mar 29*
(Month) (Day) (Year)

8. AGE:

Years *54*

Months

Days

If less than one day
hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

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) (Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar)

(b)

(Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Aug*
year *1946* hour *10* minute *15* M.

21. I hereby certify that I attended the deceased from *9* to *19*

that I last saw him alive on *Aug 18*
and that death occurred on the date and hour stated above.
Immediate cause of death *Angina pectoris*

Due to *Chronic nephritis*
& Hypertension

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy *131*

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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.B. Annis* (M.D.)

Address *Geno Sup No* Date signed *1*

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

25399

SUPPLEMENTARY

26553