

FILED SEP 17 1946

Registration District No.

Primary Registration District No. 3006

Registrar's No. 222

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
606 N 6th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Life years, months or days)

3. (a) PRINT
FULL NAME

Rannie Dale Anderson

3. (b) If veteran,
name war _____

3. (c) Social Security
No. xx

4. Sex m 5. Color or race w
6. (b) Name of husband or wife Mr Baby
6. (a) Single, widowed, married, divorced Baby
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 13 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
If less than one day 18 hr. min.

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

10. Usual occupation Baby

11. Industry or business _____

12. Name Manley Anderson

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

14. Maiden name Anna Belle Rice

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

16. (a) Informant Manley Anderson

(b) Address 606 N 6th St

17. (a) Burial (b) Date thereof Sept 14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director R. O. Willett

(b) Address Columbia Mo

19. (a) 9-14-46 (b) Mrs R. E. Palmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 606 N 6th St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14
year 1946 hour 12 minute AM

21. I hereby certify that I attended the deceased from 9/14/46 to 9/14/46
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 Conspicuous Abnormal
Amount of Anomalous
fluid in Ventricle
Due to _____

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

Major findings:
Of operations 161A

Of autopsy _____
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 Stephen D. Smith (M. D. or other)
Address Columbia Mo Date signed 9/14/46

RECEIVED
District Health Officer No. 9
District File Number 9-46-153
Date Filed 9-16-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Lyman H. Sprinkle
Licensed Embalmer No. 4013
P. O. Address Columbia, 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.