

S. No. 2
OM-5-43
v. 5-17-39
X36671

FILED JUN 25 1947
Registration District No. **522**

Primary Registration District No. **4489**

Registrar's No. **4**

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

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Vanduser
(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 life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 100

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

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

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

3. (a) PRINT FULL NAME ANNIE MARIE GOBER

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 Louis P.

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Louis P. May 23 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Andrew Taylor

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

14. Maiden name Drucella Davenport

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

16. (a) Informant L.P. Gober

(b) Address St. Vanduser Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-47 (Month) (Day) (Year)

(c) Place: burial or cremation Merlin Mo

18. (a) Signature of funeral director Wald Funeral Home

(b) Address Vanduser Mo

19. (a) May-15-47 (Date received local registrar) (b) A. Bryant (Registrar's signature) 385

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1947 hour 1 minute 00 P. M.

21. I hereby certify that I attended the deceased from 4-24 1947 to Death 1947 and that death occurred on the date and hour stated above.

that I last saw her alive on 4-28 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Intentional flue

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 33B

Major findings: Of operations None

Of autopsy None

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) (c) Means of injury _____

23. Signature M.D. Trapp (M. D. or other) MD

Address Vanduser Mo Date signed 5-13-47

JAN 10 1949

MAR 22 1949

RECEIVED

District Health Office No. 2,

District File Number 642-883

Date Filed 6-23-47

DEC 27 1948

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 Raymond D. Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.