. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1948

Registration District No. 172

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5641

State File No. 5370

Registrar's No. 54

54

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Higginsville, Dover Township
(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 20 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54

City or town Higginsville
(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 Green

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F 3

5. Color or race negro

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased April (Month) 8 (Day) 1874 (Year)

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

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Lawrence McCormick
13. Birthplace unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Betty Bamker
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Thos. Benton
(b) Address Higginsville, Mo.

17. (a) 1-19-48 (Burial, cremation, or removal) (b) Date thereof 1-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation Brand Cemetery

18. (a) Signature of funeral director Roy Wiegers
(b) Address Higginsville Mo.

19. (a) Jan 19 48 (Date received local registrar) (b) Clayton W. L. (Registrar's signature) 15 4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
year 1948 hour 8 minute P M.

21. I hereby certify that I attended the deceased from Jan 13, 1948, to Jan 16, 1948, that I last saw her alive on Jan 15, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pontine hemorrhage since Jan 13-1948	
Due to arteriosclerosis with hypertension over	6 yrs.
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 5

23. Signature W. Kopperman MD (M. D. or other)

Address Higginsville, Mo. Date signed 1/19/1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-12-48

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 Roy J. Wiegers

Licensed Embalmer No. 2883

P. O. Address Higginsville 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.