

No. 300  
-10-47  
5-17-39  
I 3906

FILED APR 6 1948

Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 48

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Webb City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jane Chinn Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hours  
(Specify whether years, months or days)

In this community 5 hours

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Webb City  
(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 Evan Loy Anderson

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26  
year 1948 hour 10:15 minute P. M.

4. Sex M 5. Color or race W

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

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

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

21. I hereby certify that I attended the deceased from March 26 to March 26, 1948

that I last saw him alive on March 26 and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia Neonatorum

Duration .....

7. Birth date of deceased March 26 1948  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
-- -- -- 5 hr. 15 min.

Due to Birth Injuries - 10 month gestation - over size - attempted forceps - reversed

Other conditions .....

Major findings: Of operations NO

Of autopsy .....

PHYSICIAN .....

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Infant

11. Industry or business .....

12. Name L. L. Anderson

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

14. Maiden name Margaret Couraw

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

16. (a) Informant Father L. L. Anderson

(b) Address Webb City, Mo.

17. (a) burial (b) Date thereof 3/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forrest Park Cemetery

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? .....

18. (a) Signature of funeral director Hedge-Lewis

(b) Address Webb City, Missouri

19. (a) MCH 29:48 (b) R. E. Felt  
(Date received local registrar) (Registrar's signature)

While at work? NO (Specify type of place)

(c) Means of injury NO

23. Signature R. E. Felt (M. D. or other) .....

Address Webb City, Mo. Date signed 3/29/48

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.....

Leonard J. Lavin....., Registered Apprentice No. 46

working under my personal supervision.

Signed..... [Signature]

Licensed Embalmer No. 3857

P. O. Address Nebraska

**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.**