

FILED JUL 9 1948

Registration District No. 370

Primary Registration District No. 3075

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Stoddard
 (b) City or town Dexter
 (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 55 years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard ¹⁰³
 (c) City or town Dexter ³
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) ¹
 (e) Citizen of foreign country? No. (Yes or No) ⁰
 If yes, name country _____

3. (a) PRINT FULL NAME Anna Belle Foreman

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 John Foreman 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased: October 1st 1876
 (Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 5 If less than one day hr. _____ min. _____

9. Birthplace Metropolis Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William A. Day
 13. Birthplace Paducah Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Stevenson
 15. Birthplace Paducah Kentucky
 (City, town, or county) (State or foreign country)

16. (a) Informant Ruth Foreman
 (b) Address Dexter, Mo.

17. (a) Burial (b) Date thereof June 28, 48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter Cemetery

18. (a) Signature of funeral director Watkins Fun. Service, Inc.

(b) Address Dexter Mo.

19. (a) 6-29-48 (b) Velma W. Jenkins
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th
 year 1948 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from June 1946
 _____, 19____, to 26 June, 1948
 that I last saw her alive on 25 July, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis ^{4 days}
 Duration _____

Due to _____

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?

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

23. Signature J. P. Waddell (M. D. or other) MD
 Address Dexter Mo. Date signed 26 June 48

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

RECEIVED

District Health Office No. 2

District File Number 748-844

Date Filed 7-7-48

MAY 1 1956

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 *Lyman Steele*.....

Licensed Embalmer No. *2476*.....

P. O. Address *Dexter 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.