

FILED AUG 16 1948

State File No. \_\_\_\_\_

Registration District No. 301

Primary Registration District No. 4450

Registrar's No. 2376

1. PLACE OF DEATH:

(a) County RIPLEY  
(b) City or town DONIPHAN, MISSOURI  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
WILLIAMS HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community 1 day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County RIPLEY 91  
(c) City or town DONIPHAN, MISSOURI 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. WILLIAMS HOSPITAL 3  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLOTTE ANN ANDERSON

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 SINGLE

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

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

8. AGE:	Years	Months	Days	If less than one day
				<u>5</u> hr. <u></u> min.

9. Birthplace DONIPHAN, MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation NO. 1

11. Industry or business \_\_\_\_\_

12. Name HOLMAN ELWELL ANDERSON

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

14. Maiden name LELA PENDERGRAFT

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

16. (a) Informant Holman E. Anderson

(b) Address Fairdealng, Missouri

17. (a) BURIAL (b) Date thereof MAY 27, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK RIDGE, DONIPHAN, MO

18. (a) Signature of funeral director Ray Meane

(b) Address Doniphan, Missouri

19. (a) 7-7-48 (b) E. O. Johnston  
(Date received local registrar) (Registrar's signature) 279

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26  
year 1948 hour 7:12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Death, 1948, to Death, 1948  
that I last saw her alive on May 26, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death atherosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 16/11

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 0

23. Signature J. Williams (M. D. or other) \_\_\_\_\_

Address Doniphan mo Date signed 6-11-48

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

RECEIVED 8-9-48  
District Health Officer No. 5,  
848507  
District File Number  
Date Filed 8-10-48

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.

*This body was not embalmed.*  
Signed..... *Ray Means*

Licensed Embalmer No... *3743*

P. O. Address... *Doniphan, 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.