

FILED SEP 14 1948

State File No.

Registration District No. 27

Primary Registration District No. 5088

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Bates
(b) City or town APPLETON CITY, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural in Hudson Twp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME KATHRYN ELAINE ANDERS

3. (b) If veteran, name war _____ 3. (c) Social Security No. no

4. Sex 71 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
7. Birth date of deceased July 14 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 24 hr. min.

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

10. Usual occupation infant

11. Industry or business _____

12. Name E. P. ANDERS

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

14. Maiden name MARINE SPENCER

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

16. (a) Informant Edie Anders

(b) Address Appleton City, Mo.

17. (a) Burial (b) Date thereof 9-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nevada Mo.

18. (a) Signature of funeral director Oscar E. Hoff

(b) Address Appleton City, Mo.

19. (a) 9-8-48 (b) Paula Perry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates 7
(c) City or town APPLETON CITY (RURAL) 10
(If outside city or town limits, write "RURAL")
(d) Street No. Hudson Twp. 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8
year 1948 hour about 12 minute 30 AM.

21. I hereby certify that I attended the deceased from July 14 1948 to Sept 8 1948.
That I last saw him alive on Aug 15 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Stasis Lymphaticum
Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 W. E. Hoff (M. D. or other) MD

Address Appleton City Date signed 9-8-48

RECEIVED

District Health Officer No. 7,

District File Number 8-48-1065

Date Filed 9-13-48

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 Oscar C. Kelly

Licensed Embalmer No. 39842

P. O. Address Appleton City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.