

No. 2
8-43
17-39
237823

FILED OCT 6 1948

Registration District No. **3948**

Primary Registration District No. **4038**

1. PLACE OF DEATH:

(a) County **BENTON**
(b) City or town **WARSAW**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lakeside Rest Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 weeks**
(Specify whether years, months or days) **40 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **BENTON**
(c) City or town **LINCOLN R.R. I**
(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 **ANNA IDA YOUNG**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

4. Sex **FEMALE** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **WIDOWED**

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

7. Birth date of deceased **MARCH 29 1880**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 6 0 hr. min.

9. Birthplace **Florence MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **John W Klein 4**

13. Birthplace **(old country) Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **MARY MEYER**

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

16. (a) Informant **Anna Young**

(b) Address **Lincoln R.R. I Mo**

17. (a) **BURIAL** (b) Date thereof **Oct 1 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **EBENEZER**

18. (a) Signature of funeral director **John H. Piser**

(b) Address **Warsaw, Mo**

19. (a) **Oct 2 1948** (b) **Joe A. Logan**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **29**
year **1948** hour **2** minute **25 P.M.**

21. I hereby certify that I attended the deceased from **10 September 1948** to **29 September 1948**
that I last saw her alive on **27 September 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **CARDIAC DECOMPENSATION.** Duration **3 Days.**

Due to **Cerebral Hemorrhage** **1 MONTH**

Due to **Hypertension and Arteriosclerosis.** **UNK.**

Other conditions **Hyphasia - Emaciation**
(Include pregnancy within 5 months of death)

Major findings:
Of operations _____
Of autopsy **g.D.**

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 **6.**

23. Signature **David Holman** (M. D. or other) **M.D.**

Address **Warsaw, Mo.** Date signed **2 Oct 48**

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 9-48-115-4
Date Filed 10-5-48

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 John J. Gesser
Licensed Embalmer No. 4098
P. O. Address Warsaw

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.