

Registration District No. **264**

Primary Registration District No. **5898**

1. PLACE OF DEATH:

(a) County **Ozark**
(b) City or town **Deer, Mo.**
(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 **70 years** years, months or days)

3. (a) PRINT FULL NAME **Rosie Danders**

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

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

6. (b) Name of husband or wife **James Danders** 6. (c) Age of husband or wife if alive **70 years**

7. Birth date of deceased **3-16-1878** (Month) (Day) (Year)

8. AGE: Years **70** Months **6** Days **12** If less than one day hr. min.

9. Birthplace **Deer, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Henry Shipley**

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

14. Maiden name **Almeda Hollister**

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

16. (a) Informant **Kay Danders**

(b) Address **Maplewood, Mo.**

17. (a) **12** (b) Date thereof **10/10-48** (Month) (Day) (Year)

(c) Place: burial or cremation **Robertson Ball**

18. (a) Signature of funeral director **Robertson**

(b) Address **West Plains, Mo.**

19. (a) **3-16-50** (b) **William C. Baker** (Registrar's signature) (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Ozark**
(c) City or town **Deer**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **8**
year **48** hour **12** minute **noon** M.

21. I hereby certify that I attended the deceased from **8-26-1947** to **11-8-1948**;

that I last saw her alive on **11-5-1948**;

and that death occurred on the date and hour stated above.

Immediate cause of death **Terminous Anemia**

Duration _____

Due to _____

Due to _____

Other conditions **7:11**
(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 **E. G. Bohrer** (M. D. or other) **MD**

Address **West Plains, Mo.** Date signed **11-8-48**

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

MOTHER FATHER

RECEIVED MAR 20 1950

District Health Office No. 6,

District File Number 350-348

Date Filed 3-21-50

FEB 15 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.....

Licensed Embalmer No.....

P. O. Address.....

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.