

AUG 16 1940

Registration District No. 466

Primary Registration District No. 4279

Registrar's No. 17

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

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Wellington
(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 _____ (Specify whether)
years, months or days 5 21

8. (a) PRINT FULL NAME LOREN-ANDERSON

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased July 19 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 4 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Ray Lee Anderson
13. Birthplace Ward, Mo
(City, town, or county) (State or foreign country)
14. Maiden name Opal S. Brinkley
15. Birthplace Wellington Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Lee Anderson
(b) Address Wellington Mo

17. (a) Burial (b) Date thereof July 20 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellington Mo

18. (a) Signature of funeral director W. J. Owen
(b) Address Wellington Mo

19. (a) July 21 1940 (b) F. H. Mearns
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette
(c) City or town Wellington
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1940 hour 3 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from July 19 1940
at Ward, Mo to July 20 1940
that I last saw him alive on July 17 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Partial atelectasis of the lungs at length.
Due to Asphyxiation by the train - following delivery.
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? _____

415 While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Dr. J. S. Bellman (M.D. or other) 20
Address Wellington Mo Date signed 7/20/40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed
07-11-8

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, above space should be left blank.