

Registration District No. 05 38 1940Primary Registration District No. 5744Registrar's No. 10

1. PLACE OF DEATH:

- (a) County Marion
 (b) City or town Raymond, Missouri
 (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) 9

- (d) Length of stay: In hospital or institution _____
-
- (Specify whether _____)

In this community _____

years, months or days)

3. (a) PRINT FULL NAME ANNA SOPHIA EGER.3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex Female 5. Color or race white6. (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 Sept 1st 1859
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

813

hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name Fred Ticken13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Catherine Siever15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. W. F. Nutt(b) Address Oklahoma17. (a) Burial (b) Date thereof 9-6-1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Providence Church Cem.18. (a) Signature of funeral director B. M. Allen(b) Address Philadelphia Missouri19. (a) 9, 6 1940 (b) J. M. Crebs
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion(c) City or town Rural
(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 9 day 4
year 1940 hour 12 minute 35 P.M.21. I hereby certify that I attended the deceased from Oct 9, 1940
_____ 1940, to Sept 4, 1940that I last saw her alive on Sept 4, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Patent Stenosis

Duration

unknown

Due to _____

Other conditions
(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?
At homeWhile at work? _____
(Specify type of place)

(e) Means of injury _____

23. Signature Dr. C. B. Shriver (M. D. or other) DD.
Address Philadelphia, MD Date signed 9/5/40

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 *B M Allen*

Licensed Embalmer No. *2,487*

P. O. Address *Philadelphia, 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, above space should be left blank.