

Registration District No. 461

Primary Registration District No. 3024

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Lexington
(c) Name of hospital or institution: 322 N 16th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community About 5 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MARGARET JOSEPHINE ANDERSON

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

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

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

7. Birth date of deceased July 24 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>3</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation At Home 0

11. Industry or business _____

MOTHER FATHER { 12. Name Francis Watson

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

14. Maiden name Jane Gooden

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

16. (a) Informant Flavel Anderson

(b) Address Lexington, Mo.

17. (a) Burial (b) Date thereof Nov. 24, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Mo.

18. (a) Signature of funeral director Winkler

(b) Address Lexington, Mo.

19. (a) Dec 11-1940 (b) Delia Bates
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Lexington
(If outside city or town limits, write "RURAL")
(d) Street No. 322 n 16th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23
year 1940 hour 3 minute 20 A.M.

21. I hereby certify that I attended the deceased from 11/12/40, 1940, to 11/21, 1940
that I last saw her alive on 11-21, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Myocardial infarction
Due to Advanced Arteriosclerosis
Due to Chronic Venous Thrombosis

Other conditions (Include pregnancy within 3 months of death) 121

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 [Signature] (M. D. or other) _____
Address Lexington Mo Date signed 12-11-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Leo P. McKeon

Licensed Embalmer No.

29837

P. O. Address

Langston 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, fact should be so stated above.