

FILED JUL 10 1942

Registration District No. 224225

Primary Registration District No. 53064138

Registrar's No. _____

1. PLACE OF DEATH:

(a) County COOPER.

(b) City or town WOOLDRIDGE
(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 all her life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cooper 27

(c) City or town Wooldrudge
(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 Mrs Emma 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 Frank Anderson

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

7. Birth date of deceased April 18 - 1858
(Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 8
If less than one day _____ hr. _____ min.

9. Birthplace Cooper County MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name H. B. Hopkins

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

14. Maiden name Rebecca Burcham

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

16. (a) Informant Mrs. Wm Cooper.

(b) Address Wooldrudge MO

17. (a) Burial (b) Date thereof June 8 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wooldrudge MO

18. (a) Signature of funeral director Goodman D. Daller

(b) Address Boonville MO

19. (a) June 30 - 42 (b) Dr. Chas. Sump
(Date received local registrar) (Registrar's signature)

1137
(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1942 hour 6 minute 2 M.

21. I hereby certify that I attended the deceased from May 1 1942 to June 26 1942
that I last saw her alive on June 20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Insufficiency

Due to _____

Due to _____

Other conditions 92k
(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 _____

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 _____

Duration

2

PHYSICIAN

Underline the cause to which death should be charged statistically.

23. Signature A. R. Meredith (M. D. or other) _____

Address Pravin Home Date signed 6-28-42
MO

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

7000

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-9-42

139000
1110 207

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 _____

J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address Osborne 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.