

Dr Callaway 335

State File No. _____

Registrar's No. *678*

FILED OCT 13 1942

Registration District No. *128*

Primary Registration District No. *2000*

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678
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution; None 617 S. Dollison /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 56 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene *39*
(c) City or town Springfield *2*
(If outside city or town limits, write "RURAL") *6*
(d) Street No. 617 S. Dollison
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ *0*

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month September day 19
year 1942 hour 10:10 minute _____ P. M.
21. I hereby certify that I attended the deceased from 1939
_____ 19 _____ to Sept 19 1942
that I last saw h. er alive on Sept 19 1942
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Myrtle M. Anderson

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of husband or wife William X. Anderson 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased. July 11, 1879
(Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 8 If less than one day hr. _____ min. _____

9. Birthplace Mt. Pleasant, Ohio /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife
In Home

11. Industry or business _____

MOTHER FATHER { 12. Name John Porter

13. Birthplace Unknown Ohio /
(City, town, or county) (State or foreign country)

14. Maiden name Bessie Milner

15. Birthplace Unknown Ohio /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harlow Knabb

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 9/21/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 9-21-42 (b) D. W. Handley
(Date received local registrar) (Registrar's signature)

Immediate cause of death Chronic Valvular Heart Disease

Due to _____
Due to _____

Other conditions General Anemia
(Include pregnancy within 3 months of death)

Major findings: Of operations 938
Of autopsy _____

Duration

4yr +

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 Ray D. Callaway M.D. (M. D. or other)

Address Springfield Mo Date signed 9/21/42

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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 Lewis E. Schaff

Licensed Embalmer No. 3802

P. O. Address Springfield, 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.