

FILED JAN 19 1944

Registration District No. 248

Primary Registration District No. 4369

Registrar's No.

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Seneca
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Missouri (b) County Newton
(c) City or town Seneca
(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 DORA ELLEN ANGLIN

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Philip G. Anglin 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased 3 28 1884 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>8</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace Newton Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Tom K. Woolley
13. Birthplace Indiana (City, town, or county) (State or foreign country)
14. Maiden name Semantha Lively
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant P. G. Anglin
(b) Address Seneca Mo.

17. (a) Burial (b) Date thereof 12-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Cemetery

18. (a) Signature of funeral director Blt. Buzzard

(b) Address Seneca Mo.

19. (a) Dec. 29 '43 (b) Miss Nettie Norris
(Date received local register) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10 year 1943 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from Apr 1 - 43 to Dec 10 1943 that I last saw her alive on Dec 9 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulm. tuberculosis

Due to _____

Due to 13 fl

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature D. P. Siemler (M. D. or other) _____

Address Seneca Date signed 12-21-43

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

RECEIVED 1-5-44

District Health Officer No. _____
District File Number 1248-239
Date Filed 1-10-44

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. W. Buzzard

Licensed Embalmer No. 2334

P. O. Address Seneca 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.