

No. 2
1-2-43
5-17-39
X 35697

FILED MAR 26 1946

Registration District No. 332

Primary Registration District No. 4375-4190

Registrar's No.

1. PLACE OF DEATH:

(a) County Jarvis
(b) City or town near Branson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: on Highway 65
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
In this community 40 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jarvis
(c) City or town Hallerstein
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? U.S.A (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA LAURA TRONE

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

4. Sex Female! 5. Color or race W. 6. (a) Single, widowed, married, divorced single!
6. (b) Name of husband or wife deceased 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Sept. 16 1879
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Denmark
(City, town, or county) (State or foreign country)

10. Usual occupation Sales lady

11. Industry or business _____

12. Name Mels. Larsson

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

14. Maiden name unknown

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

16. (a) Informant Larsson Trone

(b) Address Hallerstein MO

17. (a) Burial (b) Date thereof Jan 22 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chaplin Prop

18. (a) Signature of funeral director R. O. Whelchel

(b) Address Branson MO

19. (a) Jan 20 1946 (b) Archib. Brookshire
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18 day Jan.
year 1946 hour 5 minute 15 P.M.
21. I hereby certify that I attended the deceased from at death
only 1946 to 1946
that I last saw him at death Jan 18 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured skull and body injuries
Due to Car accident

Due to _____

Other conditions Double fracture of both legs
(Includes conditions within 3 months of death)
and Army left shoulder
Major findings fractured

ADDITIONAL SUPPLEMENTARY INFORMATION

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) Car accident

(b) Date of occurrence Jan 18 - 1946

(c) Where did injury occur Highway 65 Branson Jarvis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
an State Highway 65
While at work yes (Specify type of place) (e) Manner of injury head and body

23. Signature Harry Forsyth (Name)
Address Hallerstein MO

Date signed Jan 19 1946

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

RECEIVED

District Health Officer No. 6,

District File Number 146-174

Date Filed FEB 26 1946

FEB 6 1946

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 Minnie L. Welch

Licensed Embalmer No. 22 77

P. O. Address Brampton 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. marRegistration District No. 352Primary Registration District No. 6190Registrar's No. 4

1. PLACE OF DEATH:

- (a) County Janez
 (b) City or town Prudys
 (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 _____
 years, months or days)

3. (a) PRINT
FULL NAMEAnna L. Trane3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex F 5. Color or race W 6. (a) Single, widowed, married,
divorced _____6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased Sept 16 (Month) (Day) (Year)8. AGE: Years Months Days If less than one day
66 hr. min.9. Birthplace Denmark
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____
Year 1946 Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19 _____

that I last saw him _____ alive on _____, 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Head and Body injuriesDue to Was hit by car onhighway 65Due to at Bushman moOther conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy 170
21

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence Jan - 16 - 1946
 (c) Where did injury occur? Prudys Jan mo
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

Fracture of hip _____ (Specify type of place)
While working _____ means of injury
and head injuries

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

Address _____ Date signed _____

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

7197

SUPPLEMENTARY

ADDITIONAL
SUPPLEMENTARY
INFORMATION
REQUESTED

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

8259