

**FILED** JUN 11 1946  
Registration District No. 172

Primary Registration District No. 5207

Registrar's No. 16

1. PLACE OF DEATH:

(a) County McDonald  
(b) City or town Rural Anderson  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
None  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Anderson, Mo. R#1  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Cora Mae Anderson

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife H.E. Anderson

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased November 26 1875  
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 28  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henry Anderson

13. Birthplace Not Known

14. Maiden name Sarah Abbot

15. Birthplace Not Known

16. (a) Informant H. E. Anderson

(b) Address Anderson, Mo. R#1

17. (a) Burial (b) Date thereof 5 / 28 / 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Wm. Manna Pope

(b) Address Wheaton, Mo.

19. (a) 6-8-1946 (b) Wiley Dobbs  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24  
year 1946 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from Sept. 10  
1943 to May 24 1946  
that I last saw her alive on May 23 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 years

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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) Means of injury \_\_\_\_\_  
23. Signature J. H. Parrot (M. D. or other) \_\_\_\_\_  
Address Wheaton, Mo. Date signed 5/28/46

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

---

---

**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 Wm Maria Payne.....

Licensed Embalmer No. FD 226.....

P. O. Address Wheaton, 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.**