

S. No. 2
M-5-43
7-5-17-39
I X38671

FILED SEP 23 1946
Registration District No. 128

Primary Registration District No. 2000

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:
1051 S. Delaware
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 12 years 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")

(d) Street No. 1051 South Delaware 6
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME MARGARET ROSALIE 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 married

6. (b) Name of husband or wife Harry B. Anderson

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

7. Birth date of deceased April 20, 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>51</u>	<u>46</u>	<u>4</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace Ft. Scott, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

MOTHER FATHER

12. Name Edw. Penninen 7

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

14. Maiden name Unknown

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

16. (a) Informant Harry B. Anderson

(b) Address 1051 S. Delaware

17. (a) Burial (b) Date thereof 9-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrensberg, Missouri

18. (a) Signature of funeral director _____

(b) Address ALMA LOHMEYER FUNERAL HOME
SPRINGFIELD, MISSOURI

19. (a) 9-20-46 (b) W. J. Handley, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 17
year 1946 hour 6:20 P.M. minute _____ M. _____

21. I hereby certify that I attended the deceased from 1941 to Sept. 17, 1946
that I last saw her alive on Sept. 17, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hypernephroma of left kidney
with metastasis to lungs

Due to _____

Other conditions 6th kid had been removed
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 52A

Duration _____

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? _____

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

23. Signature W. J. Handley (M. D. or other) M.D.
Address Springfield, Mo. Date signed 9-19-46

OCT 15 1946

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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..... *Frank Seale*

Licensed Embalmer No. *4140*

P. O. Address..... *Springfield, Me*

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.

X