

FILED NOV 13 1946

Registration District No. 77

Primary Registration District No. 3008

Registrar's No. 363

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

1. PLACE OF DEATH:
 (a) County Callaway
 (b) City or town Hulton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hospital 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 37410mid (Specify whether
37410mid (Specify whether
 In this community 37410mid
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Cooper¹⁴
 (c) City or town Bunceston¹
 (If outside city or town limits, write "RURAL")²
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ELLA ANDERSON
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 8
 year 1946 hour 11 minute 0 A.M.
 21. I hereby certify that I attended the deceased from 11/8 1946 to 11/8 1946
 that I last saw her alive on 11/8 1946
 and that death occurred on the date and hour stated above.

4. Sex f 3. Color or race C
 5. Color or race C
 6. (a) Single, widowed, married, divorced SO
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year) 1890

Immediate cause of death Chronic myocarditis
 Duration _____
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations ASD
 Of autopsy _____

8. AGE: Years 56 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace U.S.A. (City, town, or county) _____ (State or foreign country) 1

10. Usual occupation none

11. Industry or business none

12. Name dk 9

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

14. Maiden name Mary Anderson

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

16. (a) Informant Hospital records
 (b) Address Hulton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 12, 1946 (Month) (Day) (Year)
 (c) Place: burial or cremation Bunceston Mo.

18. (c) Signature of funeral director Dwight E. Richards

(b) Address Lipton, Mo.

19. (a) 11-9-1946 (Date received local registrar) (b) Joie Monmouth (Registrar's signature)

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 0
 23. Signature J. Caldwell (M. D. or other) 329
 Address Hulton Mo Date signed 11/8/46

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11/2/46

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 Jamell E. Richards
Licensed Embalmer No. 2466
P. O. Address Joplin, 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.