

FILED DEC 2 1948
Registration District No. **297**

Primary Registration District No. **3057**

Registrar's No. **97**

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
234 S. Institute
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
in this community 58 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

(c) City or town Richmond
(If outside city or town limits, write "RURAL")

(d) Street No. 234 S. Institute
(If rural, give location)

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

3: (a) PRINT FULL NAME MAGGIE ELLEN 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 R. B. Anderson

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased October 18, 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>0</u>	<u>23</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Henry M. White

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

14. Maiden name Mary Liza Rimmer

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

16. (a) Informant Ray Anderson

(b) Address 3650 W. 47th, Kansas City, Mo.

17. (a) Burial (b) Date thereof Nov. 14, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Missouri

18. (a) Signature of funeral director Thurman Funeral Home

(b) Address 627 E. Main St., Richmond, Mo.

19. (a) Nov. 20-1948 (b) Maladyashov
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11th
year 1948 hour 9:07 minute _____ A. M.

21. I hereby certify that I attended the deceased from Sept. 15, 1948 to Nov. 11, 1948 19____;
that I last saw her alive on Nov. 11, 1948 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Kidney

Duration 1 yr.

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)
(c) Means of injury _____

23. Signature John J. Cook (M. D. or D. O.) 48

Address Richmond, Mo. Date signed 11-20-

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

89
/

89
/

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-1-48

DEC 30 1949

DEC 21 1949

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 William L. Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, Missouri

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.