DEPT NOV 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

34973
Do not use this space.

1. PLACE OF DEATH
(a) County Andrew Registration District No. 13
(b) Township Primary Registration District No. 4010 Registered No.
(c) City Savannah (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
160

2. PRINT FULL NAME Annah B. Rabey
(a) Residence, No. Savannah Andrew Co St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S. E. Rabey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 13 1886

7. AGE: Years 52 Months 9 Days 8 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waterloo Iowa

FATHER
13. NAME Henry Meyers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

MOTHER
15. MAIDEN NAME Ellen Weyand
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Penn

17. INFORMANT S. E. Rabey
(ADDRESS) Savannah Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Savannah DATE 10-24 1938

19. FUNERAL DIRECTOR E. C. Breit
(ADDRESS) Savannah Mo

20. FILED Oct 23 1938 Wm A R King
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-21 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1 1938 to Oct 21 1938
I last saw h. alive on Oct 21 1938 Death is said to have occurred on the date stated above, at Noon m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Fundus of Uterus	
48 hr	

Other contributory causes of importance:

Name of operation Hysterectomy Date of Aug 14 1938
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Walter Myers, M. D.
(Address) Savannah Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, E. C. Breit, Licensed Embalmer No. 2650

hereby certify that the body recorded on the reverse side of this certificate was embalmed by E. C. Breit

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed E. C. Breit

Licensed Embalmer No. 2650

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.)