REC'D JUL 14 1939

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

21871
Do not use this space.

1. PLACE OF DEATH
(a) County Clay 2 Registration District No. 198
(b) Township Fishing River 1 Primary Registration District No. 3011 Registered No. 89
(c) City Excelsior Springs (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 22 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

24
2
1

2. PRINT FULL NAME 541 Mrs Anna Louise Dunlevy
(a) Residence, No. ..... 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: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: A. J. Dunlevy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 16, 1866
7. AGE: 72 YEARS, MONTHS: 8, DAYS: 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Stenographer
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): Dec 1936
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): East Alton Ill 1

FATHER
13. NAME: unkown 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unkown unkown 1

MOTHER
15. MAIDEN NAME: ~~Anna Louise Coulter~~ Celestia Post
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Afton N.Y.

17. INFORMANT (ADDRESS): H. L. Dunlevy Emporia, Kan
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Tilden Neb DATE: June 25 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Herbert Hope Excelsior Spring Mo
20. FILED: June 27, 1939 Mrs Rea McCracken Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-24, 1939
22. I HEREBY CERTIFY, That I attended deceased from 6-10, 1939, to 6-24, 1939
I last saw her alive on 6-23, 1939. Death is said to have occurred on the date stated above, at 2:30 A.m.
The principal cause of death and related causes of importance were as follows:
Angina Pectoris — Date of onset: 3 yr.
1 2 1
Other contributory causes of importance: Chronic Nephritis
Name of operation: None Date of .....
What test confirmed diagnosis? physical find. Was there an autopsy? No
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? No.
If so, specify .....
(Signed) S. R. McCracken (Dep) M. D.
180 (Address) Excelsior Spng Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

THIS IS A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number 7/11/39
Date Filed

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, Scott W Hockensmith, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Scott W Hockensmith

Licensed Embalmer No. 3597

P. O. Address Calais Springs 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, above space should be left blank.