

Registration District No. 34

Primary Registration District No. 5050

Registrar's No. 15

FILED DEC 11 1940

1. PLACE OF DEATH

(a) County Barry  
(b) City or town Epeter (Rural) Liberty  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 49 - 6 - 10 years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Barry  
(c) City or town Epeter (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

Myrtle Laney

8. (b) If veteran, name war \_\_\_\_\_

3. (b) 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 John J. Laney  
6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased April 22, 1889  
(Month) (Day) (Year)

8. AGE: Years 51 Months 6 Days 10  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Jim Powell

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

14. Maiden name Sarah Corley

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

16. (a) Informant John J. Laney

(b) Address Route 1, Epeter, Mo.

17. (a) Burial (b) Date thereof Nov. 17, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concord Cem.

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

(b) Address Cassville, Mo.

19. (a) Nov. 17, 1940 (b) Mrs. H. P. Searcy  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11  
year 1940 hour 10 minute 35 A.M.

21. I hereby certify that I attended the deceased from Aug 1  
\_\_\_\_\_, 1940, to Nov 11, 1940

that I last saw her alive on Nov. 11, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Endo. Corditis

Due to Rheumatoid Arthritis 2 yrs.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 27 1/2

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? 3 1/2

While at work? no (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature John R. Ellison (M. D. or other) do

Address Wheeler Mo Date signed Nov 17 - 40

Duration 5 mo.  
2 yrs.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. C,

District File Number 1240-2773

Date Filed DEC 9 1940

**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 Rufus J. Miller

Licensed Embalmer No. 3794

P. O. Address Cassville, 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, above space should be left blank.