

MAILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3958

Registration District No. 720

Primary Registration District No. 5951

Registrar's No. 1

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

1. PLACE OF DEATH: *Putnam*

(a) County: *Putnam*

(b) City or town: *Liberty, Putnam*
(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 _____ years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State: *MO* (b) County: *Putnam 86*

(c) City or town: *Rural*
(If outside city or town limits, write "RURAL")

(d) Street No.: *Mendota, Mo. R. 7D*
(If rural, give location)

(e) If foreign born, how long in U. S. A.? *0* years.

3. (a) PRINT FULL NAME: *Julia Alice McAnelly*

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex: *Female*

5. Color of face: *White*

6. (a) Single, widowed, married, divorced: *Widowed*

6. (b) Name of husband or wife: _____

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

7. Birth date of deceased: *7 16 1863*
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Dec* day *2*
year *1940* hour *3* minute *15 P.M.*

21. I hereby certify that I attended the deceased from *7100-9*, 19*40*, to *Dec. 2*, 19*40*
that I last saw her alive on *7100-9*, 19*40*
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<i>77</i>	<i>4</i>	<i>16</i>	hr. _____ min. _____

Immediate cause of death: *General arterio sclerosis*
Chr. nephritis

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation: *Housewife*

11. Industry or business

12. Name: *H. C. Milton*

13. Birthplace: *Ohio*
(City, town, or county) (State or foreign country)

14. Maiden name: *Martha Shaver*

15. Birthplace: *Mo.*
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____

Of autopsy _____

16. (a) Informant: *Joseph K. McAnelly*

(b) Address: *Mendota, Mo.*

17. (a) *Burial* (b) Date thereof: *Dec. 3 - 40*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: *Mendota, Mo.*

18. (a) Signature of funeral director: *W. C. Husted*

(b) Address: *Unionville, Mo.*

19. (a) *Dec 15 40* (b) *E. E. McAllella*
(Date received local registrar) (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? *647*
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature: *J. J. Martin* (M. D. or other) _____
Address: *Unionville* Date signed: *1/2/40*

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 2-41-234

Date Filed FEB 8 1941

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 Paul E. Husted
Licensed Embalmer No. 3304
P. O. Address Amosville, N.H.

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.