

Registration District No. 460 Primary Registration District No. 4274

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Wagonmills, MO
(c) Name of hospital or institution: Confederate Home
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Lafayette
(c) City or town Confederate Home
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME Anna Missouri Moore
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female 5. Color or race w 6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 14 1853
(Month) (Day) (Year)

8. AGE: Years 88 Months 4 Days 15 If less than one day hr. _____ min. _____

9. Birthplace McDonald Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Samuel Painter

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

14. Maiden name Anna Painter

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

16. (a) Informant's own signature Anna M. Yennie

(b) Address 109256 - Independence

17. (a) Burial (b) Date thereof 7/1/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cemetery

18. (a) Signature of funeral director A. J. Bradley

(b) Address Wagonmills, Mo.

19. (a) July 1 1941 (b) Terrance Webb
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1941 hour 9 P.M. minute _____ M. _____
21. I hereby certify that I attended the deceased from Dec 1941
1936, to July 1941
that I last saw her alive on June 29 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 4 days
Chronic Nephritis 1 yr
Due to Severe Arteriosclerotic 20 yr
Senility
Due to _____

Other conditions 12/10
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy no

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? 412
White at work? (Specify type of place) (e) Means of injury _____
23. Signature Samuel Webb (M. D. or other) MD
Address Wagonmills Date signed 7-1-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-10-41

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed..... *James Rieckhoff*

..... Licensed Embalmer No. 3637

..... P. O. Address..... *Highland, 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.