

S. No. 2
4-5-42
5-17-39
PI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10829
State File No.
Registrar's No. 22

FILED MAR 18 1944
Registration District No. 13

Primary Registration District No. 4155

29
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Dade
(b) City or town Everton
(c) Name of hospital or institution: /
(d) Length of stay: In hospital or institution.....
In this community..... years, months or days

2. USUAL RESIDENCE OF DECEASED: 29
(a) State MO (b) County Dade
(c) City or town EVERTON
(d) Street No.....
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Anna S. Younts
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 2 day 8 year 1944 hour 1 minute 3 A.M.
21. I hereby certify that I attended the deceased from 15 1941 to 1/27 1944
that I last saw her alive on 3/7 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race 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 1 28 69 (Month) (Day) (Year)

Immediate cause of death..... Cerebral hemorrhage
Duration

8. AGE: Years 92 Months 10 Days 10 If less than one day hr. min.

Due to ARTERIO SCLEROSIS & MYOCARDITIS

9. Birthplace Indiana not known (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations.....
Of autopsy.....

10. Usual occupation Retired housekeeper

11. Industry or business.....
MOTHER FATHER { 12. Name Levi Gibson
13. Birthplace Tennessee
14. Maiden name Eliza Jane noble
15. Birthplace Ohio

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?.....
While at work? (Specify type of place) (e) Means of injury

16. (a) Informant Mappie Werremeyer
(b) Address Everton Mo.

17. (a) Burial (b) Date thereof 2-10-44 (Month) (Day) (Year)
(c) Place: burial or cremation Sinking Creek

18. (a) Signature of funeral director Morris Leiman
(b) Address Ash Grove Mo

19. (a) 2-12-44 (Date received local registrar) (b) Phyllis Lack (Registrar's signature)

23. Signature A. F. Steyer (M.D. or other) D.O.
Address Everton Mo. Date signed 2/10/44

RECEIVED

District Health Officer No. 6;

District File Number 344-365

Date Filed MAR 16 1944

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 Maude O. Morris

Licensed Embalmer No. 2056

P. O. Address Ash Grove 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, fact should be so stated above.