

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 3913Registered District No. 373Primary Registration District No. 4245Registrar's No. 66

## 1. PLACE OF DEATH:

- (a) County Webster  
 (b) City or town Marshfield  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: x  
 (If not in hospital or institution, write street number or location) 1  
 (d) Length of stay: In hospital or institution x (Specify whether  
 In this community 12 years years, months or days)

3. (a) PRINT FULL NAME Lee Anna Tennyson

8. (b) If veteran, name war x 8. (c) Social Security No. x

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, divorced  
 6. (b) Name of husband or wife x 6. (c) Age of husband or wife if alive x years  
 7. Birth date of deceased August - 20 - 1871  
 (Month) (Day) (Year)

- | 8. AGE: | Years     | Months   | Days      | If less than one day       |
|---------|-----------|----------|-----------|----------------------------|
|         | <u>73</u> | <u>9</u> | <u>11</u> | <u>x</u> hr. <u>x</u> min. |

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business Home

12. Name James W. Sanders  
 18. Birthplace Unknown (State or foreign country)  
 14. Maiden name Almira H. (State or foreign country)  
 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Charles Mitchell  
 (b) Address Marshfield, Mo.  
 17. (a) Burial (Burial, cremation, or otherwise) (b) Date thereof 12-3-44 (Month) (Day) (Year)  
 (c) Place: burial or cremation Marshfield, Mo.  
 18. (a) Signature of funeral director Jay Tennyson  
 (b) Address Marshfield, Mo.  
 19. (a) Dec. 31-44 (Date received local registrar) (b) Charlotte Bruce (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Webster  
 (c) City or town Marshfield  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. x (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? x years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1  
year 1944 hour 2 minute :15 p. M.21. I hereby certify that I attended the deceased from March 19, 1933, to Dec. 1, 1944;  
that I last saw her alive on December 1, 1944;  
and that death occurred on the date and hour stated above.Immediate cause of death Myocardial Insufficiency, Acute Duration 2 DaysDue to Cholecystitis & Cholelithiasis, Chronic 11 yrs or over

Due to

Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations 126

Of autopsy

## 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_23. Signature C. P. Macdonnell (M. D. or other) M.D.  
Address Marshfield, Mo. Date signed 12/1/44

RECEIVED

City Health Officer No. 6

File Number 442-1112

Date Filed JAN 22 1948

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 J. L. Rainey

Licensed Embalmer No. 8312

P. O. Address Marshfield, 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.