

**FILED** MAY 3 78 1946

Primary Registration District No. **4049**

Registrar's No. **10**

1. PLACE OF DEATH:

(a) County **Bronx**  
(b) City or town **Centralia**  
(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)

3. (a) PRINT FULL NAME **ANNA B. CILLEY**

3. (b) If veteran, name war **-** 3. (c) Social Security No. **-**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **widowed**  
7. Birth date of deceased **June - 20 - 1868**  
(Month) (Day) (Year)

8. AGE: Years **77** Months **9** Days **10** If less than one day hr. min.

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

10. Usual occupation **seamstress**

11. Industry or business **-**

MOTHER FATHER  
12. Name **James Beach**  
13. Birthplace **England**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Sakita Athyngory**  
15. Birthplace **England**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mustapha M. COOK**  
(b) Address **Centralia**

17. (a) **-** (b) Date thereof **April 25 - 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Opopona Kansas**

18. (a) Signature of funeral director **Lawrence J. ...**

(b) Address **Centralia Missouri**

19. (a) **April 20 - 1946** (b) **Maud M. Bride**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bronx**  
(c) City or town **Centralia**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **-**  
(If rural, give location)  
(e) Citizen of foreign country? **-** (Yes or No)  
If yes, name country **-**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **18**  
year **1946** hour **11** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **Dec 1**, 1945 to **April 18**, 1946  
that I last saw her alive on **April 18**, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute myocarditis** Duration **1 week**  
Due to **Subacute Bacterial Endocarditis**

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy **9/10**

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?

(Specify type of place)  
While at work? (e) Means of injury  
23. Signature **R. P. Robert** (M. D. or other)  
Address **Apr - 19 Centralia MO** Date signed **4-19-46**

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

11100

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RECEIVED  
District Health Officer No. 9,

District File Number.....

Date Filed 5-1-46

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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 George J. ...

Licensed Embalmer No. 4270

P. O. Address Centerville, 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.