

2-43
5-17-39
X 35697

FILED APR 26 1946

Registration District No. **77**

Primary Registration District No. **3016**

Registrar's No. **100**

1. PLACE OF DEATH

(a) County **Cole**
(b) City or town **Jefferson City**
(c) Name of hospital or institution: **806 Lafayette**
(d) Length of stay: In hospital or institution **5 1/2 years**
In this community **5 1/2 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cole**
(c) City or town **Jefferson City**
(d) Street No. **806 Lafayette**
(e) Citizen of foreign country? **No.**

3. (a) PRINT FULL NAME **Mary Berniece Ganaway**

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

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Howes** 6. (c) Age of husband or wife if alive **59 years**
7. Birth date of deceased **Jan. 1 1901**

8. AGE: Years **45** Months **3** Days **16** If less than one day hr. _____ min. _____

9. Birthplace **Pike County Mo.**

10. Usual occupation **Maids**

11. Industry or business _____

12. Name **Charles Turley**
13. Birthplace **Lincoln County Mo.**
14. Maiden name **Clara**
15. Birthplace **Lincoln County Mo.**

16. (a) Informant **Howes G. Ganaway**
(b) Address **806 Lafayette**

17. (a) **Buried** (b) Date thereof **4-26-46**
(c) Place: burial or cremation **Graves Cemetery**

18. (a) Signature of funeral director **James Howes**
(b) Address **2006**

19. (a) **4-20-46** (b) **R.P. Harris**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr.** day **14th** year **1946** hour **5:00 A.** minute _____ M. _____
21. I hereby certify that I attended the deceased from **Apr. 12** 19**46** to **Apr. 14** 19**46** that I last saw her alive on **Apr. 16** 19**46** and that death occurred on the date and hour stated above.

Immediate cause of death **Diseases of aortic valves (arteriosclerosis)**
Due to **Anemia & General Debility**

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

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature **R.P. Harris**
Address **Jefferson City, Mo.** Date signed **4/19/46**

Duration _____
Physician _____
Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 4-25-46

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. W. Anderson*

Licensed Embalmer No. 3641

P. O. Address June

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.

Registration District No. 77 Primary Registration District No. 3016

1. PLACE OF DEATH:
 (a) County cole
 (b) City or town Jefferson City
(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 Mary B. Saraway
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex F 5. Color or race B
 6. (a) Single, widowed, married, divorced m
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan 1 (Month) 1946 (Day) (Year)

8. AGE: Years 45 Months _____ Days _____
(If less than one day)
 hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 12. Name _____
 13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____
 (b) Address _____
 17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
 (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____
(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 year 1946 hour _____ minute _____ M. _____
 21. I hereby certify that I attended the deceased from _____ to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Brain arterio-sclerosis (syphilitic aortitis)
 Due to Anemia + General debility
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
 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?
(Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature Richardson (M. D. or other) _____
 Address Jefferson City, Mo Date signed _____

SUPPLEMENTARY

11536 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

12631