

FILED APR 17 1946 STANDARD CERTIFICATE OF DEATH

State File No. 12658

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 182

1. PLACE OF DEATH:

(a) County COOPER
(b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
733 MAIN ST. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 YEARS (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME MRS ANNA J. CHANEY

3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex FEMALE / 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife C.E. CHANEY
6. (c) Age of husband or wife if alive years

7. Birth date of deceased JULY 4 1875
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 7 If less than one day hr. min.

9. Birthplace MONTGOMERY COUNTY - MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

MOTHER FATHER { 12. Name HENRY LUCKSINGER 5

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

14. Maiden name MARY SWITZER
15. Birthplace SWITZERLAND
(City, town, or county) (State or foreign country)

16. (a) Informant MRS FRANK ARNOLD

(b) Address BOONVILLE, MO.

17. (a) BURIAL (b) Date thereof 3/13/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE CEMETERY

18. (a) Signature of funeral director STEGNER

(b) Address BOONVILLE, MO.

19. (a) 3/8/46 (b) Cleo Messers
(Date received local registers) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER
(c) City or town BOONVILLE
(If outside city or town limits, write "RURAL")
(d) Street No. 733 MAIN ST.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 11th
year 1946 hour 7 minute 8 M.

21. I hereby certify that I attended the deceased from June 1945 to March 11, 1946
that I last saw her alive on March 10, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Occlusion
Due to Coronary Sclerosis 1 yr.

Due to

Other conditions Rt. lobe Pneumonia 5 days
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 108

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 W.H. Ziegler (M. D. or other) M.D.

Address Boonville Mo. Date signed 3-14-46

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

11563

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-15-46

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 James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Bronville, 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.