No. 300
10.48

FILED MAY 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11437

BIRTH NO. _____ REG. DIST. NO. 8 PRIMARY REG. DIST. NO. 5034 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Prairie Township
c. LENGTH OF STAY (in this place): /
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 mi. North Laddonia Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Audrain
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Prairie Township
d. STREET ADDRESS (If rural, give location): 3 mi. North Laddonia Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle):
c. (Last): Boatwright.

4. DATE OF DEATH (Month) (Day) (Year): May 5 1949

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: July-17-1867
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months: / Days: 19 — IF UNDER 24 HRS.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Calloway County
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Peter Glennon
13b. MOTHER'S MAIDEN NAME: Charlotte Shaw
14. NAME OF HUSBAND OR WIFE: B. H. Boatwright.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. J. Ed. Glennon
ADDRESS: Laddonia Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 2 yr
DUE TO (c) Chronic Nephritis — 5 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Advanced age — 5 yr

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 5, 1949, *to* May 5, 1949, *that I last saw the deceased alive on* May 5, 1949, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: W B Bair (Degree or title): D.O.
23b. ADDRESS: Laddonia Mo
23c. DATE SIGNED: May 7, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May-7-1949
24c. NAME OF CEMETERY OR CREMATORY: Laddonia Cemetery
24d. LOCATION (City, town, or county) (State): Laddonia Mo.

DATE REC'D BY LOCAL REG.: 5 [illegible] 49
REGISTRAR'S SIGNATURE: Martha T. Kennedy
25. FUNERAL DIRECTOR'S SIGNATURE: Chas C. Silkey
ADDRESS: Laddonia, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 9 1949

RECEIVED
District Health Officer No. 10
District File Number 5:49:86
Date Filed MAY 13 1949

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 John E. Maxwell, Student Embalmer No. 252, working under my personal supervision.

Student John E. Maxwell
Student Embalmer

Signed Clyde C. Hilley
Licensed Embalmer No. 3820.
P. O. Address Perry, 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.