

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18720
 Do not use this space.

REC'D JUN 20 1938

1. PLACE OF DEATH
 (a) County Lawrence Registration District No. 471
 (b) Township Quinn Primary Registration District No. 5634
 (c) City..... (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 16

2. PRINT FULL NAME Anna Dora Means
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Means

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19, 1874

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day,hra. ormin. |
|--------|-------|--------|------|--|
| | 63 | 10 | 24 | |

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.....
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co. Missouri

FATHER
 13. NAME John H. Banks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Rachel Haddock

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co. Missouri

17. INFORMANT John Means,
 (ADDRESS) R. F. D. Pierce City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE I.O.O.F. Cemetery DATE May 15, 1938

19. FUNERAL DIRECTOR Callaway's
 (ADDRESS) Monett, Mo.

20. FILED June 10, 1938 E. B. Wright
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1938 to May 13, 1938
 I last saw her alive on May 13, 1938 Death is said to have occurred on the date stated above, at 5:45 p. m.
 The principal cause of death and related causes of importance were as follows:

Coronary occlusion Date of onset 1935

Other contributory causes of importance: Axial

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) Ernest Mitchell, M. D.
 (Address) Monett MO

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, J. D. Bushanan, Licensed Embalmer No. 3149

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed J. D. Bushanan
Licensed Embalmer No. 3149

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.)