

REC'D JUN 10 1938

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

18857  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Mercer Registration District No. 538  
(b) Township Lead Hill Primary Registration District No. 5752 Registered No. 29  
(c) City..... (d) Street No.....  
(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.

## 2. PRINT FULL NAME

Anna M. Finney 500  
(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) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18, 1862  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
76 2 21

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) Mercer Co., Mo.  
(STATE OR COUNTRY)

13. NAME GW Squires

14. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Mary Lloyd

16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Kentucky

17. INFORMANT Ray Finney  
(ADDRESS) Summiton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Paul Cemetery DATE 5/10 1938

19. FUNERAL DIRECTOR Noel Moss  
(ADDRESS) Summiton, Mo.

20. FILED 5/10 1938 J. M. Perry Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1 1938, to May 9 1938.  
I last saw her alive on May 7 1938. Death is said to have occurred on the date stated above, at 3:45 P. m.  
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance  
Apoplexy MI 5/9-38  
chronic interstitial nephritis eyes

Name of operation no Date of.....  
What test confirmed diagnosis? Phys Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or..... 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? no  
If so, specify.....

(Signed) H. Nally M. D.  
(Address) Cainsville Mo.

STATEMENT BY LICENSED EMBALMER

I, Nael Moss....., Licensed Embalmer No. 2634  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me  
..... L. E. ....  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.  
Signed Nael Moss  
Licensed Embalmer No. 2634

**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.)**