

REC'D DEC 13 1938

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

40506
Do not use this space.

1. PLACE OF DEATH
 (a) County Shannon 2 Registration District No. 824
 (b) Township Quinn Primary Registration District No. 6076 Registered No. _____
 (c) City Quinn (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.

2. PRINT FULL NAME Anna Freeman
 (a) Residence, No. Quinn Mo 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 M 4. COLOR OR RACE W 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) Sept 12 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 1 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Lawyer retired

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 (STATE OR COUNTRY) Quinn Mo

FATHER 13. NAME Shilton

14. BIRTHPLACE (STATE OR COUNTRY) Tenn

MOTHER 15. MAIDEN NAME Elizabeth Shilton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Daisy Beckettson
Quinn Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Emmence DATE 11-3- 1938

19. FUNERAL DIRECTOR (ADDRESS) Mo

20. FILED 11-2- 1938 Frank G. Lyda Mo
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-2- 1938

22. I HEREBY CERTIFY, that I attended deceased from Jan, 1938, to Nov 2, 1938
 I last saw her alive on 11-2- 1938. Death is said to have occurred on the date stated above, at 7 P m.
 The principal cause of death and related causes of importance were as follows:
Myocardial infarction

Date of onset 11-2-38

Other contributory causes of importance:
93 MI

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) W. G. Eudy, M. D.
Quinn Mo.
 744 (Address)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

30M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, _____, License No. _____
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 _____

Licensed Embalmer No. _____

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.)