

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.

1844
RECD MAY 24 1939

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

16399
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon 3 Registration District No. 875
 (b) Township Washington 1 Primary Registration District No. 6169 Registered No. 106
 (c) City Waverly (d) Street No. State Hospital #3 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Anna Scholes

(a) Residence, No. St. Mary #3 Nevada, 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 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) 1954 ?

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 - - -

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) ? ?

13. NAME Velie Collins ?

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

15. MAIDEN NAME Mary Ann Pullen

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

17. INFORMANT (ADDRESS) 219 S. Bushong Wichita Kan.
Mrs. Edna S. Yan Key

18. BURIAL, CREMATION, OR REMOVAL PLACE Wichita Kan. DATE April 21, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Zeus Funeral Home
Nevada, Missouri

20. FILED Apr. 21, 1939 Allen V. Hays Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1939 to Apr 20, 1939.
 I last saw her alive on Apr 20, 1939. Death is said to have occurred on the date stated above, at 8:30 p.m.
 The principal cause of death and related causes of importance were as follows:

1 Hypostatic Pneumonia
2 Chronic Pulmonary Tuberculosis
3 Senile Dementia

Other contributory causes of importance: See above

Name of operation None Date of ?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury None, 1939
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify None
 (Signed) A. P. Kavanagh M. D.
 (Address) State Hospital Nevada Mo.

RECEIVED

District Health Officer No. 7,

District File Number 7-35-23

Date Filed 8-39

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 Personal

....., Registered Apprentice No.

working under my personal supervision.

Signed Lloyd R. Winicott

Licensed Embalmer No. 2857

P. O. Address Yvada, 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, above space should be left blank.