

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

791
1008

16710
Do not use this space.

4244

REC'D JUN 12 1939

1. PLACE OF DEATH

(a) County 2 Registration District No.
 (b) Township 1 Primary Registration District No. Registered No.
 (c) City or St. Louis (d) Street No. 4469 Westminister Place 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. da.

2. PRINT FULL NAME ⁶²⁴⁴ Anna Lee Mc Clanahan Faris

(a) Residence, No. 4469 Westminister Place St. 19 (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 OR (OR) WIFE OF Charles Breckinridge Faris
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10th 1873
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 66 0 26

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) Cass County Missouri
 (STATE OR COUNTRY)

13. NAME Claiborne Nelson Mc Clanahan
 14. BIRTHPLACE (CITY OR TOWN) Cooper County Missouri
 (STATE OR COUNTRY)

15. MAIDEN NAME Tabitha Boswell
 16. BIRTHPLACE (CITY OR TOWN) Saline County Missouri
 (STATE OR COUNTRY)

17. INFORMANT James Faris
 (ADDRESS) 4469 Westminister Place

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Oak Grove DATE May 8th 1939

19. FUNERAL DIRECTOR (NAME) Wagoner Und Co
 (ADDRESS) 3621 Olive Street.

20. FILED MAY 8 1939 J. B. Bredner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1939

22. I HEREBY CERTIFY, That I attended deceased from May 21 1936, to May 6 1939
 I last saw her alive on May 6 1939. Death is said to have occurred on the date stated above, at 8 p.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
 Vasculature hypertensive
 Date of onset 5/21/39

Other contributory causes of importance:
 Name of operation none Date of
 What test confirmed diagnosis? Phys. Ex Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury
 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) Samuel B. Grant M. D.
 (Address) 914 N. Taylor Ave

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

96 Aberdeen Pl.

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, _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Neville B. Frohwitter
Licensed Embalmer No. 3696
P. O. Address 3621 Olive St.

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.