

JUL 3 1939

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

22403
Do not use this space.

1. PLACE OF DEATH

(a) County JOPLIN Registration District No. 447
(b) Township JOPLIN Primary Registration District No. 3021 Registered No. 53
(c) City Webb City (d) Street No. 624 N. HALL 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

McCall, Anna Medsker
(a) Residence, No. 624 North Hall 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 Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 2 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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 0

12. BIRTHPLACE (CITY OR TOWN) Webb County (STATE OR COUNTRY) Missouri

FATHER 13. NAME William Brown

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

MOTHER 15. MAIDEN NAME Elvira Swadley

16. BIRTHPLACE (CITY OR TOWN) No data (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Dr. M. J. Hensley
Webb City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bytton, Mo DATE June 25 1939

19. FUNERAL DIRECTOR (NAME) Hedge Nelson (ADDRESS) Webb City, Mo

20. FILED JUNE 24 1939 J. M. Pritchett M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22 1939

22. I HEREBY CERTIFY That I attended deceased from June 21 1939 to June 22 1939
I last saw him alive on June 22 1939 Death is said to have occurred on the date stated above, at 2:00 m.
The principal cause of death and related causes of importance were as follows:

Influenza Pneumonia

Other contributory causes of importance: 11W

Name of operation _____ 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? _____ 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) P. M. Stroucut M. D.
Webb City Mo (Address)

RECEIVED

District Officer No. 6,

District File Number 739-1326

Date Filed JUL 5 1939

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.....

E. M. Hedge

Registered Apprentice No. 285

working under my personal supervision.

Signed.....

E. M. Hedge

Licensed Embalmer No. 285

P. O. Address *North St*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.