

NOV 26 1939

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

36542  
Do not use this space.

1. PLACE OF DEATH

(a) County Lincoln / Registration District No. 486  
(b) Township Elberry / Primary Registration District No. 4293 Registered No. 29  
(c) City Elberry (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

246 Anna Blanton Mc Clees  
(a) Residence, No. Elberry, Missouri St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or WIFE OF Oscar Mc Clees  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14-1863  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 76 6 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. retired housewife  
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) Cumberland va.

FATHER 13. NAME Francis B. Blanton  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER 15. MAIDEN NAME Eliza Diell  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hawaii island

17. INFORMANT (ADDRESS) F. B. Mc Clees Elberry, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Garden Cem. DATE Nov. 1 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Clifton Miller Elberry, Missouri

20. FILED Nov. 10 1939 Otha Powell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30-1939  
22. I HEREBY CERTIFY, That I attended deceased from 1939, to Oct 30-1939  
I last saw him alive on Oct 30-1939. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:  
Terminal Pneumonia Date of onset 10/6/39  
Other contributory causes of importance:  
abscess left lung & acid Bronchietasis

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? none 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) F. V. Feltner M. D.  
(Address) Elberry, Mo.

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-1-13-39 I X14025

MINNESOTA BOARD OF HEALTH  
DEPARTMENT OF HEALTH  
STATE OF MINNESOTA

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, personally

Oct 30 - 1939

or by

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

Signed

Clifton Miller

Licensed Embalmer No. 3364

P. O. Address Elberton, Missouri

**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.**