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7-11-40  
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JUL 9 1940

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Registration District No.

Primary Registration District No.

3006

State File No.

Registrar's No.

131

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Ellis Fitch State Cancer Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 weeks  
In this community 2 weeks (Specify whether years, months or days)

8. (a) PRINT FULL NAME Annie E. Pettus 320

3. (b) If veteran, name war. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 2 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 6 16 hr. min.

9. Birthplace Boone County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House keeping

11. Industry or business 0

12. Name Thomas Mc Ginnis

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Laura Shaw

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital, Record  
(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof June 22, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery, Richmond, Mo.

18. (a) Signature of funeral director A. W. Messers  
(b) Address Richmond, Mo.

19. (a) 6/19/40 (b) Allie Selby  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray  
(c) City or town Richmond  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18  
year 1940 hour 11 minute 10 P.M.

21. I hereby certify that I attended the deceased from 6-5-40  
19\_\_\_\_ to 6-18-40, 19\_\_\_\_;  
that I last saw her alive on 6-18-40, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast, bilat. Hydrothorax, left. Duration 6 mo  
Due to metastatic carcinoma of lung  
Due to 50

Other conditions. (Include pregnancy within 3 months of death) 50

PHYSICIAN  
Major findings: none  
Of operations \_\_\_\_\_  
Of autopsy none  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Engene M. Bricker (M. D. or other) MD  
Address Ellis Fitch State Cancer Hosp Date signed 6-19-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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**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.....

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

Signed.....

Licensed Embalmer No. ....

P. O. Address.....

**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.**