

NOV 21 1940

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

36131
Do not use this space.

1. PLACE OF DEATH
(a) County RANDOLPH Registration District No. 735
(b) Township..... Primary Registration District No. 3034
(c) or City MOBERLY (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 ANNA COURTNEY
(a) Residence, No. 603 E. UNION St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ed. Courtney
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 23-1878
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 62 0 18
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. 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) IND. 1
13. NAME Fleming Smith 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IND. 9
15. MAIDEN NAME Cunningham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.
17. INFORMANT C. A. COURTNEY
(ADDRESS) 603 Union Moberly, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Ridgville Mo. DATE Oct. 13 40
19. FUNERAL DIRECTOR (NAME) PAUL T. HACKNEY FINER
(ADDRESS) MOBERLY - MO
20. FILED Oct 13 1940 Paul Williams
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11 1940
22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1940 to Oct 11, 1940
I last saw her alive on Oct 10, 1940 Death is said to have occurred on the date stated above, at 9 A.M.
The principal cause of death and related causes of importance were as follows:
Valvular Heart Dis. Date of onset Sept 10
Other contributory causes of importance: ch. nephritis
Name of operation None Date of _____
What test confirmed diagnosis Ch. Nephritis 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? No
If so, specify _____
(Signed) C. Smith M. D.
(Address) Moberly Mo

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.

RECEIVED

District Health Officer No. 10

District File Number 11-40-2162

Date Filed NOV 14 1940

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 Paul T. Hecker

Licensed Embalmer No. 3598

P. O. Address Woburn, Mass.

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.