

Registration District No. 2001

Primary Registration District No. 2001

Registrar's No. 896

1. PLACE OF DEATH:
 (a) County GREENE
 (b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 711 N. Jefferson
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days 11

3. (a) PRINT FULL NAME ANNA RILEY McCRORY

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

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

(b) Name of husband or wife Leonard C. McCrory 6. (c) Age of husband or wife if alive Deaf years 1802

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Plattsburg Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business In home

12. Name Charley Riley

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

14. Maiden name Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Miss Edna M. Crory

(b) Address Springfield Mo.

17. (a) burial (b) Date thereof Nov 5 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director J. W. Anger

(b) Address Springfield Mo.

19. (a) 11-5-40 (Date received local registrar) (b) J. M. E. Handley MD (Registrar's signature) 101

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Greene
 (c) City or town Springfield
(If outside city or town limits, write "RURAL")
 (d) Street No. 711 N. Jefferson
(If rural, give location)
0
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3 year 1940 hour 6 minute 45 A.

21. I hereby certify that I attended the deceased from Oct 30, 1940, to Nov 3, 1940. that I last saw her alive on Nov 1st, 1940. and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage

Due to 3 yrs of Paralysis of legs

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations J. W. Of autopsy no

Duration
PHYSICIAN
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? no

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. J. Wells (M. D. or other) _____ Address Springfield, Mo. Date signed 11/5/40

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

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 *William Max Rhode*

Licensed Embalmer No. *4071*

P. O. Address *Springfield*

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, fact should be so stated above.